Employment Development Department
State of California

WAGES NOTICE REQUEST
SEPARATION PAY/OR IN-LIEU-OF-NOTICE PAY INFORMATION

1. California Employer Account Number: _____ (8 Digit Code)
2. Business Name: _____
3. Other Business Names: _____
4. Mailing Address: _____ (Address)

   _____ (City) (State) (Zip Code)
5. Phone Number: (_____) _____ (Area Code) (Phone Number)
6. Please provide the following information (if you have different layoff periods list them separately):

Date(s) of Layoff (MM/DD/YY–MM/DD/YY)	Number of California Employees Laid Off	Location(s) of Affected Job Sites in California (City)

7. Union Name, Local, and Phone Number (if applicable): _____
8. Prior Wages Notice Number (if applicable): _____
9. Will the terminated employees receive any payments other than their regular wages through their last day worked and accrued vacation? ____ Yes ____ No

   If no, it is not necessary to complete this form. Issuance of a Wages Notice is only necessary if your company will pay post-employment payments to the terminated employees.

SEPARATION PAY INFORMATION:

10. Does the company have a plan or policy that provides for separation payments when there is a reduction in force or closure? ____Yes ____No
11. What is the basis for the payments (i.e., written policy, general practice, new policy for this reduction in force, collective bargaining agreement, etc.)? _____
12. What does the company call these payments? _____

    _____
13. What is the purpose of the payments? _____

    _____
14. Who is eligible to receive the payments? _____

    _____
15. Do the employees continue to accrue all service credits, such as seniority, vacation time, etc., during the period covered by the payment(s)? ____Yes ____No
16. Will the company make the payments in a ____ lump sum and/or ____ periodic payments? (check accordingly)

IN-LIEU-OF-NOTICE PAY INFORMATION:

17. Does company policy provide that advance notice be given in the event of a layoff or that payment be made in lieu of such notice? ____Yes ____No

    If yes, please explain company policy.

    _____

    _____

    _____

    If no, please explain the reason for the payments. _____

    _____

    _____

    _____

18. Do the employees continue to accrue all service credits, such as seniority, vacation time, etc., during the period covered by the payment(s)? ____Yes ____No

19. Does the company retain the right to call on the employees' services, if needed, during the period covered by the payments? ____Yes ____No

20. Will the company make the payments in a ____ lump sum and/or ____ periodic payments? (check accordingly)

21. Please provide the following (if you issued layoff notices on different dates, please list each issuance separately):

Affected Work Group	Date Employees Notified (MM/DD/YY)	Termination Effective Date (MM/DD/YY)	Employees' Last Work Day (MM/DD/YY)	Employees Paid Notice Pay Through (MM/DD/YY)

GENERAL INFORMATION:

22. Are the terminated employees covered by a pension plan? ____Yes ____No
    If yes, did the terminated employees at any time contribute to the pension fund and are those contributions still part of the pension fund? ____Yes ____No

    If no, is the pension based solely on employer contributions? ____Yes ____No

23. Does the company have any other plans set up for retirement purposes? ____Yes ____No
If yes, please provide: Type of plan: _____
Who can participate in the plan? _____
Who contributes to the plan? ____ Employee ____ Company ____Both employee and company
What are the terminated employees' options with respect to the contributions in the plan? _____

_____

_____

24. Did any of the terminated employees elect voluntary layoff/retirement or refuse a transfer within the company in lieu of lay off? ____Yes ____No
If yes, please explain. _____

_____

_____

25. Did any of the terminated employees elect to be laid off in place of less senior employees?
____Yes ____No
If yes, are those employees covered by a collective bargaining agreement that provides for substitutionary layoff? ____Yes ____No

26. If the layoff was due to a merger, acquisition, etc., did any of the affected employees refuse an offer of work from the new company? ____Yes ____No ____Not applicable

If yes, please provide:

Name of the new company: _____

Contact person:_____ Phone number: (___) _____
(Area Code) (Phone Number)

27. Comments: _____

_____

_____

_____

Employer Representative/Agent:

Name: _____

Title: _____ Phone Number: (____) _____
(Area Code) (Phone Number)

Mailing Address (if different than the business address): _____

_____

_____

INSTRUCTIONS FOR WAGES NOTICE REQUEST
SEPARATION PAY/OR IN-LIEU-OF-NOTICE PAY INFORMATION

The Employment Development Department will prepare a Wages Notice based on the information you provide. The Department issues a Wages Notice to reduce the number of calls to employers and to promote consistent decisions from Department staff regarding payments received by Unemployment Insurance (UI) claimants. The Wages Notice will provide Department staff with general information regarding the post-employment payments received by terminated employees and a determination of whether the payments will affect the claimants' eligibility for UI benefits.

The Department will also mail you a copy of the Wages Notice for your records.

Please follow the instructions carefully:

1. CALIFORNIA EMPLOYER ACCOUNT NUMBER - Enter your California state employer account number.
2. BUSINESS NAME – Enter the name by which your business is known.
3. OTHER BUSINESS NAMES – Enter other names by which your business is known and which your employees may report as their employer.
4. MAILING ADDRESS – Provide business mailing address.
5. PHONE NUMBER – Enter business phone number including area code.
6. If you have different layoff periods list them separately.

   DATE(S) OF LAYOFF – Enter the date(s) you laid off or plan to lay off the employees. If layoffs will occur over a period of time and you do not have specific dates, you may indicate anticipated beginning and ending dates. Example: 02/05/14 – 06/30/14

   NUMBER OF CALIFORNIA EMPLOYEES LAID OFF – Enter the total number of employees who work in California and will be laid off during the period indicated.

   LOCATION(S) OF AFFECTED JOB SITES IN CALIFORNIA – Enter the name(s) of the California city (ies) where the job site(s) affected by the layoff is (are) located. If several job sites throughout California are affected you may indicate "statewide" rather than listing the individual job sites.
7. If affected employees are covered by a collective bargaining agreement, please provide the union name and local number.
8. If we have issued a Wages Notice for your company in the past, please provide the prior Wages Notice number, if available.
9. If the terminated employees will not be receiving any payments other than their regular wages for services rendered through their last day worked and accrued vacation, it is not necessary to complete this form. The purpose of a Wages Notice is to determine if post-employment payments, such as severance pay, in-lieu-of-notice pay, wage continuation, bonuses, pensions, etc., affect the claimants' eligibility for UI benefits.
10. Indicate if the payments will be made pursuant to company policy or plan that provides for such payments to a **class or group of employees** affected by the reduction in force or closure. The plan or policy does not have to be a written policy. It may be a company practice to provide such payments at termination or a plan created only for this layoff.
11. Enter whether the payments are made pursuant to a written company policy, collective bargaining agreement, plan created for this layoff, etc. If payments are made according to different policies or agreements, please specify. Example: Represented employees will be paid severance pay according to the collective bargaining agreement; non-represented employees will be paid severance pay according to written company policy.
12. Enter what you call the payments. Examples: Severance pay, separation pay, dismissal pay, wage continuation, etc.
13. Explain the intent of the payment. Examples: To provide assistance while employees seek other work; to supplement UI benefits; etc.
14. Enter the group or groups that are eligible to receive the payments. Examples: All terminated employees, production workers, exempt employees, all employees who sign a general release, etc.
15. Indicate if terminated employees continue to accrue **all** service credits (e.g., earn additional vacation time, accrue seniority, etc.), just as if they were working, during the period covered by the payments.

16. Indicate if you will make one lump sum payment or periodic payments. If some employees will receive a lump sum payment and other employees will receive periodic payments, check both lump sum and periodic payments.

17. Indicate if you have a company policy or agreement that requires that you give affected employees a specified amount of advance notice in the event of a reduction in force or pay them if you are unable to provide the required notice.

    If yes, briefly explain your company's notice policy. Please include who is covered by the policy, the length of advance notice required, and if only certain layoffs or closures are covered.

    If no, briefly explain the purpose for the payment(s). Please include whether your company plans on making it a policy to provide advance notice in the event of a reduction in force or pay in lieu of such notice.

18. Indicate if terminated employees continue to accrue **all** service credits (e.g., earn additional vacation time, accrue seniority, etc.), just as if they were working, during the period covered by the payments.

19. Indicate if you require the affected employees to remain available to perform services for your company during the period covered by the payments.

20. Indicate if you will make one lump sum payment or periodic payments. If some employees will receive a lump sum payment and other employees will receive periodic payments, check both lump sum and periodic payments.

21. If you issued layoff notices on different dates, please list each issuance separately with its respective pertinent dates and information.

    DATE EMPLOYEES NOTIFIED – Enter the date you issued the required notice to the affected employees.

    AFFECTED WORK GROUP– Enter the work group that was issued the notice if it is only a specific group of employees, e.g., assembly line workers, hourly employees, represented employees, etc. If the layoff involves several sites and notice issued only to some sites on that date, you may enter the site location under Work Group. If you gave notice to a range of employees in different work groups and classifications, no entry is required.

    TERMINATION EFFECTIVE DATE – Enter the date the notice period ends.

    EMPLOYEES' LAST WORK DAY – Enter the last date you require the affected employees to report to work.

    DATE EMPLOYEES PAID THROUGH – Enter the date through which you will pay the affected employees their regular wages.

22. Indicate if the affected employees are covered by a pension plan. If yes, indicate if they contributed some of the monies currently in the fund.

23. Indicate if the company has any other plans, e.g., profit sharing, employee stock option plans, etc., that are set up for retirement purposes. Provide the type of plan. Explain who is eligible to participate in the plan. Explain what are the employees' options at termination with respect to the contributions in the plan. Example: At termination, employees with at least $5000 in the plan may leave the contributions in the plan or withdraw them. Employees with less than $5000 balance must withdraw the contributions.

24. Indicate if any of the terminated employees could have continued employment with your company but volunteered to be laid off, chose to retire, or refused a transfer within the company. Explain the circumstances. Example: Some employees not scheduled for lay off volunteered for early retirement to take advantage of the separation incentive pay package the company offered.

25. Indicate if some employees who would not have been otherwise laid off, volunteered to be laid off in place of other employees. If yes, indicate if those employees are covered by a collective bargaining agreement that specifies an employee with more seniority may elect to be laid off in place of an employee with less seniority when the employer has decided to lay off employees.

26. If another company has taken over your business operations, indicate if to your knowledge, any of the terminated employees were offered employment with the other company and refused it. If yes, please provide the name of the company who made the offer of work and name and telephone number of a person who can provide more information regarding the offer of work.

27. COMMENTS - Provide any additional information regarding the payments that you feel is important and can assist the Department in determining if the payments will affect the employees' eligibility for UI benefits.

For more information about completing this form, please call (916) 403-6358 and ask to speak to a representative in the Wages Notice Group.

You may FAX the completed form to (916) 449-2192, or mail to Employment Development Department, UI Integrity and Accounting Division, MIC 16A, Wages Notice Group, PO Box 2228, Rancho Cordova, CA 95741-2228.