

Date Mailed / /
Benefit Year Began / /

Employment Development Department

EDD Telephone Numbers:

English 1-800-300-5616
Spanish 1-800-326-8937
Cantonese 1-800-547-3506
Mandarin 1-866-303-0706
Vietnamese 1-800-547-2058
TTY 1-800-815-9387
<http://www.edd.ca.gov>

This refers to the claim for unemployment insurance filed by:

SSA No. _____

NOTICE OF MODIFICATION

You were previously notified that the person named above was ineligible for benefits under the provisions of Section(s) _____ of the California Unemployment Insurance Code. Effective ___ / ___ / ___, the disqualifying conditions no longer exist because:

- Claimant has earned sufficient wages in subsequent bona fide employment with _____
- Claimant is now able to work and available for work.
- This modification does not change the ruling you previously received.
- Claimant has been permanently replaced.
- Claimant was not returned to work after an unconditional offer to return to work had been made.
- Other: _____

ANY APPEAL FROM THIS NOTICE MUST BE FILED ON OR BEFORE / / TO BE TIMELY.

Department Representative