Employment Development Department
State of California

LAST NAME	FIRST NAME	SOCIAL SECURITY ACCOUNT NO.	EDD USE ONLY
		– –	Interviewer's Initial
NOTE: Issue a DE 2063 only for the seven-consecutive-day period corresponding to your payroll week. If you pay your workers less often than once each seven days, you must issue a DE 2063 for each calendar week (Sunday through Saturday) of partial unemployment. **PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.**			AC _____

EMPLOYER'S STATEMENT FOR THE PAYROLL WEEKENDING _____
Date

1. Gross earnings (before deductions) were (if there were no earnings, enter Ø)..... ▸ $ _____
2. Did this employee report for all work that was available during this payroll week? ..... ▸ _____
   (a) If the answer is "NO" give date(s) _____
   (b) REASON: _____
3. Why is this employee not working full-time? (Check one)
   Lay off due to lack of work (includes reduction in hours) ☐ Discharged ☐ Voluntary Quit ☐
4. Enter the ***last*** date this employee performed any work in your employment either on or prior to the payroll weekending date shown above: Date: _____

EMPLOYER CERTIFICATION: I CERTIFY that the amount in Item 1 represents reduced earnings in a week of less than full-time work because of lack of work except as shown in Item 2.

ENTER YOUR: _____ ( ) –
Company Name Phone Number

_____
Address City Zip

X _____ – –
Employer Signature Employer Account Number
DATE ISSUED TO EMPLOYEE _____

ISSUE THIS FORM IMMEDIATELY *AFTER* PAYROLL WEEKENDING DATE SHOWN ABOVE

CLAIMANT: You must complete this section. These questions and your answers are for the payroll weekending date(s) shown on the top of this form.

A. Was there any reason other than lack of work why you couldn't have worked full-time each regular workday that week?..... ▸ _____
   (1) If yes, give reason, dates and time you could not work _____
B. Did you work for anyone other than your regular employer on any day in that week? (This includes self-employment.)..... ▸ _____
   (1) What is the employer's name? _____
   Address: _____
   (2) How much did you earn before deductions from that employer whether you were paid or not? ..... ▸ $ _____
   (3) Dates worked _____ to _____. Reason no longer working _____
C. Are you receiving a pension, ***other*** than Social Security? ..... ▸ _____
   (1) If yes, has there been a change in the amount since you last reported it?..... ▸ _____
   (2) If there has been a change, enter the ***new*** gross amount and explain the reason for the change ..... ▸ $ _____
   _____
D. Did you have a change of address or telephone number in that week?..... ▸ _____
E. If you moved, could you have worked if a job had been offered? Yes ☐ No ☐
   Date(s) of move _____
F. If you want federal income tax withheld for that week, mark this block → ☐

CLAIMANT CERTIFICATION: I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national, or an alien in satisfactory immigration status and permitted to work by the INS.

ENTER YOUR: **X** _____ ( ) –
Signature Telephone Number

_____
Address City Zip

NOTE: THIS CLAIM IS TIMELY ONLY BY CONTACTING AN EMPLOYMENT DEVELOPMENT OFFICE WITHIN 28 DAYS AFTER ISSUED TO YOU.
EXCEPTION: IF YOU KNOW THAT YOU WILL BE TOTALLY UNEMPLOYED IN EXCESS OF TWO CONSECUTIVE WEEKS, CONTACT YOUR LOCAL EDD OFFICE **IMMEDIATELY**.

- Versión en español en el dorso -

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State of California

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_____
Address City Zip

X _____ – –
Employer Signature Employer Account Number
DATE ISSUED TO EMPLOYEE _____

ISSUE THIS FORM IMMEDIATELY *AFTER* PAYROLL WEEKENDING DATE SHOWN ABOVE

SOLICITANTE: Usted deberá completar esta sección. Estas preguntas y sus respuestas son para la semana de pago que termina en la fecha indicada en este formulario.

A. ¿Había otra razón, además de la falta de trabajo, por la cual Ud. no podría haber trabajado horario completo cada día normal de trabajo en esa semana?..... ▸ _____
   (1) Si contesta que "sí," suministre la razón, las fechas y las horas en que no podía trabajar _____
B. ¿Trabajó Ud. para alguien que no es su empleador normal, cualquier día de esa semana? (Esto incluye trabajos independientes o en su propio negocio)..... ▸ _____
   (1) ¿Cual es el nombre de ese empleador/patrón? _____
   Dirección: _____
   (2) ¿Cuánto ganó, Ud. antes de deducciones, con ese empleador, aunque todavía no le haya pagado? ..... ▸ $ _____
   (3) Fechas en que Ud. trabajó: del _____ al _____. Razón porque Ud. no siguió trabajando _____
C. ¿Está Ud. recibiendo una pensión **que no sea** del Seguro Social? ..... ▸ _____
   (1) Si contesta que "si," ¿ha habido un cambio en la cantidad que Ud. recibe desde la última vez que la reportó?..... ▸ _____
   (2) Si la cantidad ha cambiado, favor de escribir la nueva cantidad bruta y explicar la razón..... ▸ $ _____
   por el cambio _____
D. ¿Si cambió Ud. de domicilio o número de teléfono en esa semana?..... ▸ _____
E. Si se cambió de domicilio, ¿podría Ud. haber trabajado si le hubieran ofrecido un empleo? ☐ Sí ☐ No
   ¿En qué fecha(s) efectuó el cambio? _____
F. Si usted desea que se retengan impuestos federales por ésa semana, marque esta casilla → ☐

CERTIFICACIÓN DEL SOLICITANTE: Entiendo las preguntas que contiene este formulario. Se que la ley establece sanciones si hago declaraciones falsas o retengo información para recibir beneficios. Mis respuestas son verdaderas y correctas. Declaro bajo pena de perjurio que soy ciudadano o nacional de los Estados Unidos, o soy un(a) extranjero(a) con situación migratoria satisfactoria y con permiso del "INS" para trabajar.

ESCRIBA SU: **X** _____ ( ) –
Firma Número de Teléfono

_____
Dirección Ciudad Zona Postal

NOTA: EL FORMULARIO DE 2063, "NOTICE OF REDUCED EARNINGS," SERÁ CONSIDERADO PRESENTADO A TIEMPO SOLAMENTE CUANDO UD. SE COMUNICA CON UNA OFICINA DEL EDD DENTRO DE 28 DÍAS DESPUÉS DE LA FECHA EN QUE SE LO DIÓ SU EMPLEADOR.
EXCEPCIÓN: SI UD. TIENE CONOCIMIENTO QUE ESTARÁ TOTALMENTE DESEMPLEADO(A) POR MÁS DE DOS SEMANAS CONSECUTIVAS, COMUNÍQUESE **INMEDIATAMENTE** CON SU OFICINA LOCAL DEL EDD.

- English version on other side -