

**WAGES NOTICE REQUEST – HOLIDAY/VACATION PAY
(WORK SHARING AND NON-WORK SHARING EMPLOYER)**

1. California Employer Account Number: _____
(8 Digit Code)
 2. Business Name: _____
 3. Other Business Names: _____
 4. Mailing Address: _____
(Address)
-
- (City) (State) (Zip Code)
5. Union Name, Local, and Phone Number (if applicable): _____
 6. Prior Wages Notice Number (if applicable): _____
 7. Will employees have a definite date to return to work following the holiday shutdown/layoff?

- All employees will have a definite date to return to work.
- Some employees will have a definite date to return to work, other employees will not.
- None of the employees will have a definite date to return to work.

If NONE of your employees will have a definite date to return to work, please proceed to item 14.

8. If any of your employees who have a definite date to return to work, please provide the following:

Last Date Worked <small>(MM/DD/YY)</small>	Return to Work Date <small>(MM/DD/YY)</small>	Affected Work Group

9. For what date(s) will the company pay holiday pay? Also, please indicate the date the payment will be made to the employees. If the company has different payroll periods for different groups of employees or classifications, please specify the group or classification and payroll period for the group.

Date of Paid Holiday <small>(MM/DD/YY)</small>	Payment Date <small>(MM/DD/YY)</small>	Payroll Group <small>(If different payroll periods.)</small>

10. Are the affected employees **required** to use vacation pay during the shutdown/layoff period?

Yes No

11. May the affected employees request vacation pay during the shutdown/layoff period?

Yes No

12. Does the employer allow a vacation advance if an employee does not have any accrued vacation?

Yes No

If yes, please explain company policy with respect to vacation advances. _____

13. Are any of your employees participating in the Work Sharing Unemployment Insurance Program?

Yes No

If YES, please provide the following information:

Did/will any of the Work Sharing employees work reduced hours during the holiday shutdown/layoff?

Yes No

If YES, how many of your employees are participating in the Work Sharing program? _____

14. If any of your employees do not have a definite date to return to work, please provide the following information (if you have different layoff periods list them separately):

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

15. Additional Information: _____

Employer Representative/Agent:

Name: _____ Date: _____

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

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

INSTRUCTIONS FOR WAGES NOTICE REQUEST - HOLIDAY/VACATION PAY (WORK SHARING AND NON-WORK SHARING EMPLOYERS)

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 claimants. The Wages Notice will provide Department staff with general information regarding the holiday/vacation payments and a determination of whether the payments will affect the claimants' eligibility for unemployment insurance benefits.

The Department will 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. If affected employees are covered by a collective bargaining agreement, please provide the union name, local number and phone number.
6. If we have issued a Wages Notice for your company in the past, please provide the prior Wages Notice number, if available.
7. Indicate if employees will have a definite date to return to work. In other words, when the employees left work were they scheduled to return to work on a specific date. If employees are given an approximate return-to-work date or are told to check back on a certain date to see **if** they are to report to work, that is not considered a definite date to return to work. In this case, the layoff is for an indefinite period.

An indefinite layoff severs the employer-employee relationship. Vacation pay and holiday pay which are paid upon the termination of the employment relationship are not wages for unemployment insurance purposes and do not affect an individual's eligibility to receive benefits. In this case a Wages Notice is not necessary and will not be issued.

8. Complete this item if any of your employees will receive a **definite** date to return to work.

LAST DATE WORKED – Enter the last date the employees worked prior to the shutdown/layoff.

RETURN TO WORK DATE – Enter the date the employees are scheduled to return to work.

AFFECTED WORK GROUP – Enter the work group that will receive a definite date to return to work if it is only a specific group of employees, e.g., assembly line workers, office staff, managers, etc. If the layoff involves several sites and only employees at some sites will receive a definite date to return to work, enter the site location under Work Group for those sites which have a definite return to work date. If a range of employees in different work groups and classifications received a definite date to return to work, no entry is required.

9. If you will not be paying all holiday pay on the same date, please itemize.

DATE OF PAID HOLIDAY – Enter the date for which the company is paying holiday pay.

PAYMENT DATE – Enter the date on which holiday pay will be available to the employees.

PAYROLL GROUP – If you have different payrolls, enter the payroll group, e.g., exempt, non-exempt, salaried, etc, to which the information applies.

10. Indicate if you **require** employees to use any vacation leave during the shutdown/layoff.
11. Indicate if employees have the **option** of requesting vacation pay during the shutdown/layoff.
12. Indicate if you allow an employee to request vacation pay that will be earned in the future. If yes, please explain policy, i.e., who may request an advance, limitations to amount they may request, etc.
13. Indicate if any of your employees are participating in the Work Sharing Unemployment Insurance program.

If some or all of your employees are participating in the work Sharing program, indicate whether any of the Work Sharing employees did work/will work reduced hours during the holiday shutdown/layoff.

If some or all of your Work Sharing employees did work/will work during the holiday shutdown/layoff, indicate how many of your employees are participating in the Work Sharing program.
14. If any of your employees will not receive a definite date to return to work, please provide the following information. 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: 02/05/99 – 06/30/99

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.
15. Additional Information – 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 unemployment insurance benefits.

For more information about completing this form, please call (916) 464-2302 or (916) 464-2312, and ask to speak to a representative in the Wages Notice Group.

You may FAX the completed form to (916) 464-2240, or mail to Employment Development Department, Insurance Accounting Division, MIC 2, Wages Notice Group, P.O. Box 3490, Rancho Cordova, CA 94741-3490.