



**REPORT OF NEW EMPLOYEE(S) (DE 34) REV. 5 (12-04)
PRINTING SPECIFICATIONS
COMPUTER OR LASER GENERATED ALTERNATE FORMS**

The Employment Development Department (EDD) provides DE 34 forms suitable for laser printers at no cost to our customers.

These specifications will assist you in creating an alternate (facsimile) DE 34 form that we can image with our equipment. A sample alternate DE 34 and an original Report of New Employee(s) (DE 34) are included with these specifications. The sample alternate format should not be used to align with your alternate format as reproduction has caused distortion.

Please use the print and line positions provided in these specifications to create your alternate form. The DE 34 form is the correct template to use to verify that your alternate format is correct. Place the DE 34 over or under your alternate format and visually verify that the data on your alternate form is printing within the corresponding boxes on the DE 34. If this is the case, the alternate format has been designed to meet our specifications.

ALL FORMS MUST BE SUBMITTED FOR APPROVAL BEFORE USE

Please submit a sample deck for testing and approval. The test deck should include 25 original documents – no photocopies. You may use dummy data and repeat the data on all the pages.

The test deck should be mailed to the following address:

Alternate Forms Coordinator
Information Management Group/MIC 96
Employment Development Department
P.O. Box 826880
Sacramento, CA 94280-0001

For express mail, make sure to include my telephone number, (916) 255-0649, on the air bill. The street address is: 9815 C Goethe Road, Sacramento, CA 95827, Attn: Alternate Forms Coordinator, MIC 96.

TEST SAMPLES MUST MEET A 95% OR BETTER READ RATE TO BE APPROVED.

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GENERAL REQUIREMENTS

Paper: Use 8 1/2" by 11" white, 20-pound bond paper. NCR paper or recycled paper will not feed into the scanners and is not acceptable.

Alignment: The top edge of the form is zero, the bottom of the form is line 66, the left edge is print position zero, and the right edge is print position 85. Print six vertical lines per inch and 10 horizontal print positions per inch.

Ink: Use black ink only. If possible, use non-ferric ink as ferric ink contains metal which interferes with our automated mail sorting equipment.

Printer: Do not use a dot matrix printer. Dot matrix printing will not meet the 95% read rate requirement.

Font Size: Please use 10 or 12 point Lucinda Console or Courier font to print the data to be captured. Data to be captured is indicated by bold print. **Do not print your alternate format in bold type**, unless indicated. ALL LETTERS MUST BE PRINTED IN UPPER CASE ONLY.

EDD Approval Number: This number will be assigned to forms that EDD has tested and approved.

Non-scannable file copies: If you provide your customers with copies that are not Optical Character Reader (OCR) compatible, please advise them **not** to submit their file copies to EDD. We have found that the warning **DO NOT SEND THIS COPY TO EDD** is effective when printed on the file copy.

User Codes: If you print code numbers or letters on your forms, please position them above the "Date" field between lines 6 and 7 and print positions 7 thru 25.

Display of Social Security Account (SSA) Numbers: SSA numbers must always contain nine digits. Do not use "/" between digits. Acceptable ways of printing are 012345678 or 012 34 5678 or 012-34-5678 (if your program cannot delete the dashes).

Display of Names: Please show first name, middle initial, and the last name. Our equipment requires that names be printed in the first name, middle initial, last name format. We can not accept names printed with the last name first.

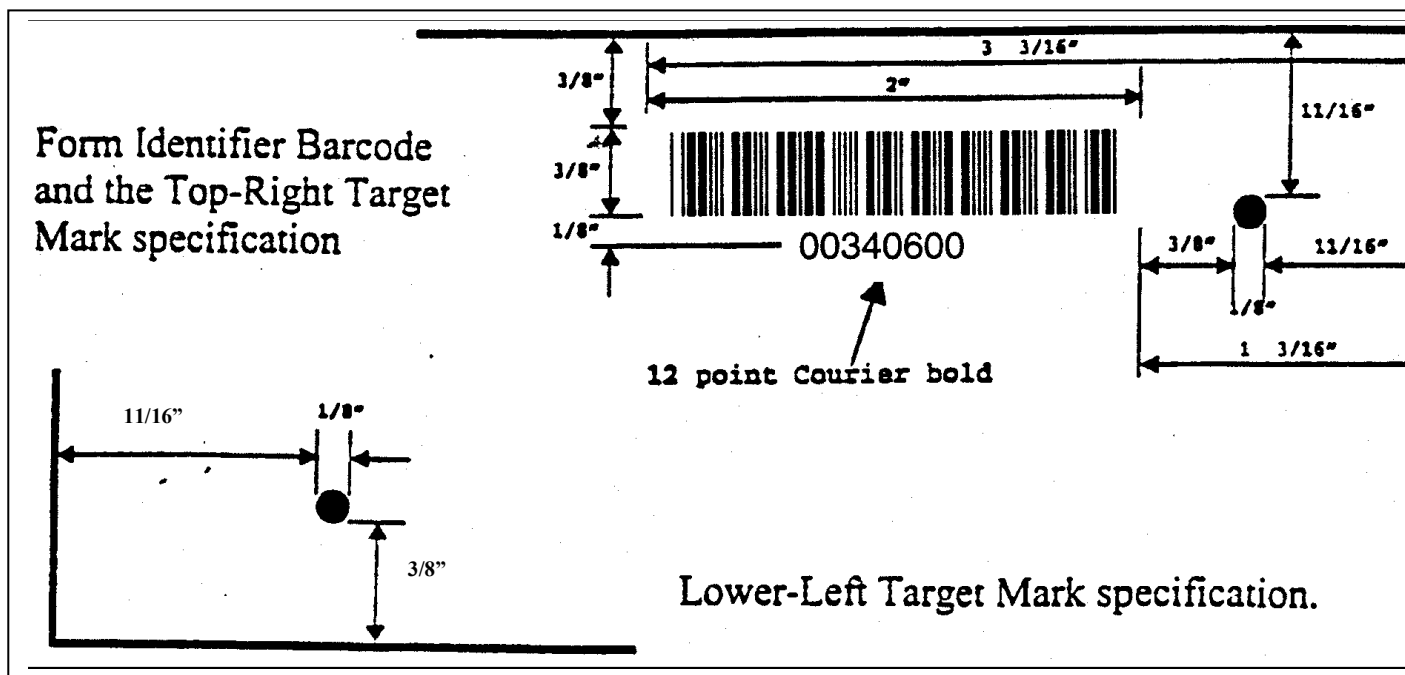
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BARCODE AND TARGET MARK SPECIFICATIONS

Form Identification: A form identification barcode is added to the DE 34 to help EDD identify the forms automatically. The Form Identifier String "00340600" is encoded in Code 3 of 9 (also called Code 39) barcode format. This barcode is 2 inches wide, 3/8 inches high, is located 3/8 inch below the top paper edge and 1 3/16 inch off the right paper edge. The Form Identifier String should be printed 1/8 inch beneath the barcode in 12 point Courier bold font.

Target Marks: Two target marks are placed on the top right and lower left corners to help the EDD equipment de-skew the scanned forms. Target marks are black circles 1/8 inch in diameter with a red circle around them. The top right target mark is 11/16 inch off the top and right paper edges, and the bottom left target mark is 3/4 inch off the left paper edge and 3/8 inch off bottom paper edge.

The following is a sample of the correct format for the barcode and target marks:



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FORM IDENTIFIER STRING SPECIFICATIONS (No Barcode/Target Marks)

EDD prefers that you provide the barcode and target marks on your alternate format to ensure the most accurate processing of your Report of New Employee(s). If it is not possible to include the barcode and target marks, submit your alternate form test samples with the unique FORM IDENTIFIER STRING used to identify alternate formats without barcode/target marks. The correct format for the Form Identifier String without barcode/target marks is “**B0340600**” printed in the 12 point Courier bold font. The print and line position for the Form Identifier String are listed below:

<u>ITEM</u>	<u>PRINT LINES</u>	<u>PRINT POSITIONS</u>	<u>PRINT FORMAT</u>
Form Identifier String	6	60 thru 67	B0340600

The following is a sample of the correct position for the Form Identifier String on the alternate DE 34 form:

DE 34

EDD 12345

B0340600

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
DE 34	4	8 thru 13	DE 34
FORM APPROVAL NUMBER (Assigned by EDD)	4	27 thru 36	EDD 12345
BARCODE/TARGET MARKS	Instructions are on page 3.		
FORM IDENTIFIER STRING	Instructions are on page 4.		
DATE	9	8 thru 18	MMDDYY
CA EMPLOYER ACCT. NO.	9	27 thru 39	NNN NNNN N
BRANCH CODE	9	43 thru 47	NN
FEDERAL ID. NO.	9	52 thru 67	NN NNNNNNN
BUSINESS NAME	12	8 thru 36	
CONTACT PERSON	12	39 thru 64	
TELEPHONE NO.	12	66 thru 80	NNN NNN NNNN
ADDRESS	14	8 thru 37	Address Format
CITY	14	39 thru 56	
STATE	14	58 thru 63	
ZIP	14	68 thru 78	NNNNN
EMPLOYEE FIRST NAME	17, 25, 33, 41, 49, 57	8 thru 34	FIRST NAME
MI	17, 25, 33, 41, 49, 57	36 thru 37	MI
EMPLOYEE LAST NAME	17, 25, 33, 41, 49, 57	42 thru 78	LAST NAME
SOCIAL SECURITY NO.	19, 27, 35, 43, 51, 59	8 thru 22	NNN NN NNNN

N=Numeric

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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
ADDRESS	19, 27, 35, 43, 51, 59	27 thru 78	Address Format
CITY	21, 29, 37, 45, 53, 61	8 thru 49	
STATE	21, 29, 37, 45, 53, 61	52 thru 54	
ZIP	21, 29, 37, 45, 53, 61	58 thru 66	NNNNN
START-OF-WORK DATE	21, 29, 37, 45, 53, 61	70 thru 78	MMDDYY

N=Numeric

If you have any questions about these specifications, you may call the Alternate Forms Coordinator at (916) 255-0649.

DE 34

EDD 12345

B0340600

123106

123 4567 8

12 3456789

SAMPLE BUSINESS NAME

JENNY SMITH

916 123 4567

1234 SAMPLE STREET

SACRAMENTO

CA

95827

ALICIA

A RASBERRY

123 45 6789

1234 RASBERRY STREET

SACRAMENTO

CA

95810

123105

WALTER

W PINEAPPLE

123 45 6789

5678 PINEAPPLE DRIVE 123

CARMICHAEL

CA

95811

010106

GEORGE

G WATERMELON

123 45 6789

9012 WATERMELON COURT B

STOCKTON

CA

95812

121505

REBECCA

A SMITH

123 45 6789

456 HOMESTEAD CT

CARMICHAEL

CA

95608

123105

JENNIFER

J JOHNSON

123 45 6789

1345 14 STREET

SACRAMENTO

CA

95825

011506

ANTONIO

T RAY

123 45 6789

45 LINCOLN AVE

CARMICHAEL

CA

95608

012006

