Employment Development Department
State of California

EMPLOYER'S ELECTION TO COVER A MULTI-STATE WORKER UNDER THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE

Use this form to request coverage for unemployment insurance under the laws of California when an employee works in two or more states. This election, if approved, may become effective as of the first day of either the calendar quarter in which it is submitted, or any subsequent quarter as designated. Complete both sides of this form and return to:

Employment Development Department
Central Operations – MIC 94
P.O. Box 826880
Sacramento, CA 94280-0001

Questions may be directed to the above address, or call (916) 651-9695.

Business Name:_____ **EDD Account No.**_____

Business Address:_____

Employee Name:_____ **EMPLOYEE SSN #**_____

Employee's Address:_____

PLEASE REFER TO THE INFORMATION SHEET ON MULTI-STATE EMPLOYMENT (FORM DE 231D) FOR AN EXLANATION OF LOCALIZATION, BASE OF OPERATIONS, DIRECTION & CONTROL, AND RESIDENCE. THIS WILL ASSIST YOU IN ANSWERING THE FOLLOWING QUESTIONS.

1. Are the employee's services localized? ☐ No ☐ Yes If yes, in which state?_____

   If the services are localized in one state, the wages of your employee should be reported to that state, and an election is not available.

2. Where is the employee's base of operations?_____
3. From which state does the employee receive his direction and control?_____
4. What is the employee's state of residence?_____
5. What is the nature of the business?_____
6. List all of the states in which the employer has a place of business:_____
7. What type of services are performed by the above named employee?_____
8. List all of the states in which services are performed by the above named employee:_____
9. What is the reason for requesting coverage in California?_____
10. Indicate the date that you want this election to become effective:_____

EMPLOYEE AUTHORIZATION

I the undersigned, concur with my employer's request that my services for the purposes of unemployment and disability insurance are deemed to be performed entirely within the State of California and hereby consent to such determination. This coverage is to remain in effect until such time as the conditions of my employment with respect to where my services are performed change to the extent that I no longer customarily perform services in more than one state, or the agreement is otherwise terminated.

Signature: _____ Date: _____

EMPLOYER AUTHORIZATION

The employer hereby agrees to comply with any requirements applicable to this election under the California Unemployment Insurance Code and understands that any change in the conditions of employment that would invalidate this agreement must be immediately reported to this department and the agreement terminated. Except as provided in the previous sentence, each approved election shall remain in effect through the close of the calendar year in which it is submitted, and thereafter until the close of the calendar quarter in which the electing unit gives written notice of its termination to all affected agencies. The employer also agrees to provide a copy of this election to the employee promptly after its approval.

Authorized Agent: _____ Phone Number: _____
(Please Print)

Title: _____

Signature: _____ Date: _____

APPROVAL REQUIRED BY STATE OF CALIFORNIA AND STATE OF JURISDICTION

APPROVAL BY STATE OF JURISDICTION

The foregoing election is approved.

Approval by state of _____

Signature: _____ Date: _____

Title: _____ Agency: _____

APPROVAL BY STATE OF CALIFORNIA

The foregoing election is hereby approved as submitted. Coverage under this election is effective as of _____.

Signature: _____ Date: _____

Title: _____ Agency: Employment Development Department