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Review and Submit



Employer or Union Issued
Claim Forms



Reopen Your Claim
Last Employer Details

3**Review and Submit****4****Confirmation**

Review the information below.

For changes or corrections, select the Previous button to return to the previous page.

If the information is correct, follow these steps:

- check the Acknowledgement box,
- enter your mailing address ZIP Code, and
- select the Submit button.

By following these steps, this submission serves as your electronic signature that you answered the certification questions correctly and honestly.

Note: You will NOT be able to change any answers once the Submit button is selected.

*Indicates required field

Reopen Your Claim - Employer or Union Issued Claim Forms

1. Did your employer or union issue you one of the following unemployment insurance claim forms? **No**

- Notice of Reduced Earnings (DE 2063)
- Notice of Reduced Earnings, Fisherperson (DE 2063F)
- Pacific Maritime Association Partial Evidence of Payment Form (PMA 2063)
- Payment Certification, Work Sharing (DE 4581WS)
- Initial Claim and Payment Certification, Work Sharing Employer (DE 4511WS)

Active Disaster Information

There are currently one or more disasters in California. If you are not eligible for regular Unemployment Insurance benefits, you may be eligible for Disaster Unemployment Assistance (DUA) benefits if and when they become available. Please provide the following information.

1. Are you unemployed due to a disaster?

No

Last Employer Details

2. What was the very last date you performed work, regardless of the length of time worked or whether or not you have been paid? (If you are still working for this employer, put the most recent date you worked.) **11/07/2019** Estimated: No
- 2a. How much did you earn during the last calendar week you worked (Sunday through Saturday)? Note: Even if your regular work week was not Sunday through Saturday enter the wages you earned for Sunday through Saturday. **\$ 1979.16**
- 2b. Enter the total number of hours for the last calendar week you worked (Sunday through Saturday). **43**
3. Employer Type: **Private Sector Employer**
4. Why are you no longer working for this employer?
- 4a. Briefly explain in your own words the reason you are no longer working for your very last employer. Note: The information you provide will be shared with your last employer.
I was laid off due to a company downsizing.
- 4b. Are you no longer working for this employer due to apprenticeship training? **No**

Employment Information

5. What is your usual occupation? **Software Engineer**
6. Is your usual occupation seasonal? (Work that can be performed year round such as teaching at a school, tax preparation, or retail work is NOT considered seasonal work.) If you answered yes, complete the following additional question(s). **No**
- 6a. Enter the beginning and end dates of the season.
- Beginning Date:
End Date:
7. Do you have other work related job skills that would allow you to work in something other than your usual occupation? **Yes**
8. Do you have a return to work date for any employer?
If you answered yes, complete the following additional question(s). **No, I do not have a date to return to work**
- 8a. Enter date.
- 8b. What is the name of the employer you expect to return to work for?
9. Were you laid off due to inclement weather? **No**

Eligibility Information

10. Are you a member of a union? **No**
11. Are you currently working for or do you expect to work for any public or nonprofit school or educational institution? (Educational employers are private or public K-12 schools, colleges, universities or preschools.)
If unsure if the employer is a public school employer or non-profit school or educational employer or unsure if you expect to work for a school employer, select "Yes". **No**
12. Are you currently working for or do you expect to work for any public or nonprofit employer performing school-related work? (School-related work can consist of after-school programs, enrichment programs, transportation services, crossing guard services, tutoring services, or food services.)
If unsure if the employer is a public or non-profit employer or unsure if you expect to work for an employer performing school-related work, select "Yes". **No**
13. Are you able to work in your usual occupation? **Yes**
14. Are you available for immediate full-time work in your usual occupation? **Yes**
15. Are you currently attending school or training? **No**
16. Are you planning to attend school or training and have a definite date to start? **No**
17. Are you currently self-employed (have your own business or work as an independent contractor) or plan to become self-employed within the next two weeks? **No**
18. Are you now or have been in the last 18 months an officer of a corporation, or union, or the sole or major stockholder of a corporation? **No**
If you answered yes, complete the following additional question(s).
- 18a. What is the name of the organization?
 - 18b. What is the title of your position?
19. Are you currently receiving or will you receive a pension in the next 12 months? (If you are only receiving Social Security, a railroad pension, or a pension based on another person's work or wages do not answer yes. Those pensions are not deductible for unemployment purposes)
If you answered yes, complete the following additional question(s). **No**
- 19a. Other than Social Security, a railroad pension, or a pension based on another person's work or wages, which one of the following best describes the pension(s) you are currently receiving or expect to receive in the next 12 months?
20. Are you receiving or do you expect to receive Workers' Compensation? **No**
21. Have you received or do you expect to receive, any other types of income from an employer, other than your regular salary for work you have performed?
If you answered yes, complete the following additional question(s).
- 21a Which of the following other types of income have you received or expect to receive, other than your regular salary, from an employer for work you have performed? Select all that apply.
- If "Not Listed" was selected, describe the Other Types of Income.
22. Are you directly or indirectly out of work with any employer, including your last employer, due to a labor dispute, such as a strike or lockout? **No**
23. Did you serve as an elected public official or Governor-exempt appointee in the last 18 months? **No**

24. Are you a professional athlete?

No

Last Employer Details

1. Provide the following information.

Legal Name of Last Employer: **Blackbird Air Inc**

Address: **333 Kearny St**
San Francisco, CA 94108 - 3219
United States

2. What is the full name of the person who was your immediate supervisor?

Jamie Loberman

3. Is the worksite address of your very last employer the same as their mailing address?

Yes

If you answered no, complete the following additional question(s).

3a. What is your last Employer worksite address?

333 Kearny St

San Francisco, CA 94108 - 3219

415-233-6768

4. Last Employer phone number

Acknowledgement

I have read and understand each of the questions, and I have reviewed and agree with the answers to each of the questions I am submitting through this automated system. I certify that each of the answers is true and correct for this certification period. I know the law provides penalties if I make false statements or withhold facts to receive benefits. 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 United States Citizenship and Immigration Service. I understand when submitting my request for benefits my submission is considered the same as my signature.

*You must indicate your acceptance of the statement above by checking the box before your information to reopen your claim can be submitted. 

Entering your ZIP Code and submitting your information indicates that you have provided honest and correct answers to the Department.

*Enter your mailing address ZIP Code 

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