

## NOTICE OF REDUCED EARNINGS

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER - -
<b>NOTE:</b> 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. <b>PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.</b>		

EDD USE ONLY Interviewer's Initial
AC

**EMPLOYER'S STATEMENT FOR THE PAYROLL WEEKENDING DATE:** \_\_\_\_\_ (MM/DD/YY)

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?..... ▶ ☐ Yes ☐ No  
 (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:  
 \_\_\_\_\_ (MM/DD/YY)

**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 Code

**X** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Employer Signature Employer Account Number

DATE ISSUED TO EMPLOYEE: \_\_\_\_\_ (MM/DD/YY)

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? ▶ ☐ Yes ☐ No  
 (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.) ▶ ☐ Yes ☐ No  
 (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? ..... ▶ ☐ Yes ☐ No  
 (1) If yes, has there been a change in the amount since you last reported it? ..... ▶ ☐ Yes ☐ No  
 (2) If there has been a change, enter the **new** gross amount. .... ▶ \$ \_\_\_\_\_  
 Explain the reason for the change: \_\_\_\_\_
- D. Did you have a change of address or telephone number in that week? ..... ▶ ☐ Yes ☐ No  
 (1) If yes, please provide the information in the space below.
- E. 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 a non-citizen in satisfactory immigration status and permitted to work by the U.S. Citizenship and Immigration Services.

**X** \_\_\_\_\_ ( ) - \_\_\_\_\_  
 Your Signature is Required Telephone Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address City Zip Code

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

- Versión en español en el dorso -

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ENTER  
YOUR

Company Name \_\_\_\_\_ Phone Number ( ) - -  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 X \_\_\_\_\_  
 Employer Signature \_\_\_\_\_ Employer Account Number \_\_\_\_\_  
 DATE ISSUED TO EMPLOYEE: \_\_\_\_\_ (MM/DD/YY)

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.

- ¿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?..... ▶ ☐ Sí ☐ No  
 (1) Si contesta que "sí," proporcione la razón, las fechas y las horas en que no podía trabajar \_\_\_\_\_
- ¿Trabajó Ud. para alguien que no es su empleador normal, cualquier día de esa semana?  
 (Esto incluye trabajos independientes o en su propio negocio)..... ▶ ☐ Sí ☐ No  
 (1) ¿Cuál es el nombre de ese empleador? \_\_\_\_\_  
 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 \_\_\_\_\_
- ¿Está Ud. recibiendo una pensión **que no sea** del Seguro Social?..... ▶ ☐ Sí ☐ No  
 (1) Si contesta que "sí," ¿ha habido un cambio en la cantidad que Ud. recibe desde la última vez que la reportó?..... ▶ ☐ Sí ☐ No  
 (2) Si la cantidad ha cambiado, favor de escribir la nueva cantidad bruta. ▶ \$ \_\_\_\_\_  
 Explique la razón por el cambio: \_\_\_\_\_
- ¿Cambió Ud. de domicilio o de número de teléfono en esa semana?..... ▶ ☐ Sí ☐ No  
 (1) Si contesta "sí", favor de proporcionar la información en el espacio a continuación.
- Si usted desea que se retengan impuestos federales por esa 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 Servicio de Ciudadanía e Inmigración de los Estados Unidos para trabajar.

X \_\_\_\_\_ ( ) - -  
 Se Requiere su Firma Número de Teléfono

Dirección \_\_\_\_\_ Ciudad \_\_\_\_\_ Código Postal \_\_\_\_\_

**NOTA:** ESTA SOLICITUD DE BENEFICIOS SERÁ CONSIDERADA A TIEMPO SOLAMENTE CUANDO USTED SE COMUNICA CON EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO DENTRO DE 28 DÍAS DESPUÉS DE LA FECHA EN QUE SE LE EMITIÓ A USTED.  
**EXCEPCIÓN:** SI UD. TIENE CONOCIMIENTO QUE ESTARÁ TOTALMENTE DESEMPLEADO(A) POR MÁS DE DOS SEMANAS CONSECUTIVAS, COMUNÍQUESE **INMEDIATAMENTE** EL EDD.

- English version on other side -

## COMPLETION INSTRUCTIONS FOR NOTICE OF REDUCED EARNINGS, DE 2063

This notice provides instructions on completing the *Notice of Reduced Earnings*, DE 2063.

A DE 2063 is prepared by you when a full-time employee becomes partially unemployed through no fault of his/her own, and:

- The employee works less than normal full-time hours because of lack of work; and
- The employee's normal weekly earnings are reduced by lack of work; and
- The employee's gross earnings, after deducting the first \$25 or 25 percent of the total earnings (whichever is greater), are less than his/her weekly Unemployment Insurance benefit amount.

If you have a layoff and know that there will be no work for an employee for more than two weeks, or you terminate an employee for any reason, do not issue a DE 2063. Instruct the employee to immediately contact the Employment Development Department (EDD) at one of the toll-free telephone numbers listed on this form.

### **HOW TO OBTAIN THE NOTICE OF REDUCED EARNINGS, DE 2063**

You may print the DE 2063 form directly from the Forms and Publications section of EDD's home page at [www.edd.ca.gov](http://www.edd.ca.gov) or you may order DE 2063s by:

- Calling EDD's 24-hour automated call system at (916) 322-2835
- Faxing your orders to (916) 928-5910
- Mailing your request for forms to:

State of California  
EDD Forms and Supply Warehouse  
1733W Sports Drive, Suite A  
Sacramento, CA 95834

**NOTE:** Employees should not return the completed **NOTICE OF REDUCED EARNINGS, DE 2063** forms to this address. If they do, it will delay payment of their UI benefits. Refer to the back of this form for the mailing address that employees should use.

**SEE PAGE 2 FOR INSTRUCTIONS ON COMPLETING AND ISSUING THE  
NOTICE OF REDUCED EARNINGS, DE 2063.**

## **INSTRUCTIONS FOR COMPLETING AND ISSUING THE NOTICE OF REDUCED EARNINGS, DE 2063**

The DE 2063 must be completed and issued to the employee by the fifth day after the end of your payroll week. You must complete the DE 2063 for the seven consecutive days that correspond to your payroll week. If you pay your employees other than weekly, you must issue a DE 2063 for each calendar week. A calendar week as defined by EDD begins at 12:01 a.m. on Sunday and ends the following Saturday at midnight.

1. Enter the employee's full name and Social Security Number.
2. Complete the "Employer's Statement for the Payroll Week Ending." Enter the date your payroll week ends.
3. Complete items 1 through 4 under "Employer's Statement."

NOTE: All earnings are reportable. Include compensation such as vacation, holiday pay, idle time pay, commissions, bonuses, board, lodging, or any other payment not paid by cash or check.

4. Complete the "Employers Certification," with your company name, telephone number, address, signature of employer or authorized representative, employer account number, and date issued to employee.
5. Give the completed DE 2063 to the employee and advise the employee of the following instructions.

### **INSTRUCTIONS FOR THE EMPLOYEE:**

The employee must submit a completed DE 2063 or contact an EDD office no later than 28 days from the date the DE 2063 is issued in order to meet the time limits for filing the DE 2063. If the employee is unable to meet the time limits for filing the DE 2063, advise the employee to contact EDD as soon as possible.

1. Instruct the employee to complete the "Claimant's Statement" on the bottom of the form.

NOTE: A Spanish translation of the "Claimant's Statement" is on the reverse side of the form. A Chinese translation of the "Claimant's Statement" is also available and is used as a guide when completing the English version.

2. If the employee has established a claim over the last 12 months, ***instruct the employee to mail the completed DE 2063 to the following address:***

Employment Development Department  
SoCal Consolidated UI Services Center  
P.O. Box 19008  
San Bernardino, CA 92423-9008

If the employee has not filed a claim in the past 12 months or is unsure, instruct the employee to call EDD immediately and not to mail the form until instructed. The employee can contact EDD through one of the following toll-free telephone numbers between the hours of 8 a.m. and 5 p.m., Monday through Friday.

English	1-800-300-5616
Spanish	1-800-326-8937
Cantonese	1-800-547-3506
Mandarin	1-866-303-0706
Vietnamese	1-800-547-2058
TTY (Non-Voice)	1-800-815-9387

If you have any questions or require further assistance, please call one of the toll-free telephone numbers listed above between the hours of 8 a.m. and 5 p.m., Monday through Friday.