



Continued Claim Form Guide

*Notes

- Claim weeks are Sunday to Saturday.
- Complete **hardcopy** of this form only – do not submit the electronic version as it could slow your claim.
- The timing of your response is crucial. Do not mail prior to the end of the 2nd week on the claim form, but also don't wait too long after the end of training to mail it!
- You are ultimately responsible for how you answer the questions when filing for unemployment benefits. This guide is only meant to assist you in answering questions directly related to your mandatory apprenticeship training. Please answer questions correctly; WECA will not be responsible for incorrect information given.

The Continued Claim Form – Looks like this:

Front

EDD Employment Development Department State of California

CONTINUED CLAIM

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

SSN Program Code

BYB Take Waiting Period

IMPORTANT - CAREFULLY ANSWER ALL QUESTIONS

Print your name and Social Security Number on both sides of this form. SEE SECTION A, ON BACK FOR EXAMPLES OF HOW TO COMPLETE YOUR ANSWERS. Each question is explained in your booklet, *A Guide to Benefits and Employment Services*.

Claimant Name: JOHN DOE Social Security Number: X X X X X X X X

1ST WEEK ENDS 2ND WEEK ENDS

COMPLETE AND MAIL THIS FORM ON _____

1. Were you too sick or injured to work? YES NO YES NO
If yes, enter the number of days (1 through 7) you were unable to work (1-7) (1-7)

2. Was there any reason (other than sickness or injury) that you could not have accepted full-time work each workday? YES NO YES NO

3. Did you look for work? YES NO YES NO
 IF MARKED "X," YOU MUST COMPLETE SEC. 8, WORK-SEARCH RECORD, ON REVERSE.

4. Did you refuse any work? YES NO YES NO

5. Did you begin attending any kind of school or training? YES NO YES NO

6. Did you work or earn any money, WHETHER YOU WERE PAID OR NOT? YES NO YES NO
(If yes, you **MUST COMPLETE** Items a. and b. below.)
a. Enter earnings (before deductions) here \$
b. Report employment or 'source' of earnings information below: _____

DATE LAST WORKED/ HOURS WORKED	EMPLOYER NAME AND MAILING ADDRESS (INCLUDE ZIP CODE)	REASON NO LONGER WORKING (OR WRITE "STILL WORKING")
1ST WEEK		
2ND WEEK		

7. If you want federal income tax withheld for the week(s) shown above, mark this block

8. If you had a change of mailing address or phone number, mark this block and complete Sec. D on reverse

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 an alien in satisfactory immigration status and permitted to work by USCIS. I signed this form after the latest date for which I am claiming benefits.

X _____
(your signature is required)

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Back

Name _____ Social Security Number _____

Section A

The following are examples of how to complete your answers to the questions on the front of this form.

MARK THE CORRECT ANSWER
EXAMPLE: IF THE ANSWER IS "YES": Yes No
IF THE ANSWER IS "NO": Yes No

Write numbers like this: 0 1 2 3 4 5 6 7 8 9

EXAMPLE: If you want to write the number "342.58" it should look like this: \$ 3 4 2 5 8
If you want to write the number "76.10" it should look like this: \$ 7 6 . 1 0
Report earnings of \$1,000.00 or more as "\$999.99," like this: \$ 9 9 9 9 9 9

Section B

If the box under Question 3 on the reverse is marked "X," you must complete the table below to show your work search for the weeks being claimed.

WORK-SEARCH RECORD					
Date Applied	Company Name	Company Address	Person Contacted	Type of Work Applied For	Results: Please Explain

Section C

Notice to Educational Institution (FOR EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVED TRAINING ONLY)

I certify that this individual was enrolled in and satisfactorily pursuing the retraining course of instruction approved by the Employment Development Department during the week(s) shown on the front of this form. Signature/Title _____ Date _____
Name of Training Institution _____

If you are on a semester/holiday recess, enter the date you are scheduled to return to school: _____

Section D: Complete below and mark Question 8 block on front.

NEW MAILING ADDRESS: _____
Street or Box Number _____
City and State _____ ZIP Code: _____


NEW PHONE NUMBER - INCLUDE AREA CODE: _____
() _____

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Continued on next page Updated on 10/31/2014 by Sheila Zuvich

Front of Form -

- **Pay close attention to the dates on this form (green).** Depending on when you filed your claim, and whether or not your mandatory Apprenticeship training is included in you claim period, you might have no class time, 2 weeks of class time or only one week of class time on this form.
- Complete each week separately and to the best of your knowledge.
- It is important that you look at the dates on the continued claim form (shown below in green.) You must mark #5 "YES" on the continued claim form in the week you begin the training (shown below in purple.)



EDD Employment
Development
Department
State of California

CONTINUED CLAIM

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SSN

BYB

Program Code

Take Waiting Period

IMPORTANT - CAREFULLY ANSWER ALL QUESTIONS

Print your name and Social Security Number on both sides of this form.
SEE SECTION A. ON BACK FOR EXAMPLES OF HOW TO COMPLETE YOUR ANSWERS.
Each question is explained in your booklet, *A Guide to Benefits and Employment Services*.

Claimant Name: JOHN DOE Social Security Number: X X X - X X - X X X X

COMPLETE AND MAIL THIS FORM ON _____

1ST WEEK ENDS

2ND WEEK ENDS

	YES	NO	YES	NO
1. Were you too sick or injured to work? >	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, enter the number of days (1 through 7) you were unable to work >	<input type="text" value=""/>	(1-7)	<input type="text" value=""/>	(1-7)
2. Was there any reason (other than sickness or injury) that you could not have accepted full-time work each workday? >	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you look for work? >	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
☐ <— IF MARKED 'X,' YOU MUST COMPLETE SEC. B., WORK-SEARCH RECORD, ON REVERSE.				
4. Did you refuse any work? >	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you <u>begin</u> attending any kind of school or training? >	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you work or earn any money, WHETHER YOU WERE PAID OR NOT? >	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If yes, you <u>MUST COMPLETE</u> items a. and b. below)				
a. Enter earnings before deductions here >	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
b. Report employment or 'source' of earnings information below:	\$ <input type="text" value=""/>	<input type="text" value=""/>	\$ <input type="text" value=""/>	<input type="text" value=""/>

	DATE LAST WORKED	TOTAL HOURS WORKED	EMPLOYER NAME AND MAILING ADDRESS-INCLUDE ZIP CODE	REASON NO LONGER WORKING (OR WRITE 'STILL WORKING')
1ST WEEK				
2ND WEEK				

7. If you want federal income tax withheld for the week(s) shown above, mark this block >

8. If you had a change of mailing address or phone number, mark this block and complete Sec. D on reverse >

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 an alien in satisfactory immigration status and permitted to work by USCIS. I signed this form after the latest date for which I am claiming benefits.

X

(your signature is required)

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Back of Form -

Enter your name and social security number at the top. Do not fill out sections B or C. Complete Section D if applicable.

Name _____ Social Security Number _____ - _____ - _____

Section A

The following are examples of how to complete your answers to the questions on the front of this form.

MARK THE CORRECT ANSWER

EXAMPLE: IF THE ANSWER IS "YES": Yes No

IF THE ANSWER IS "NO": Yes No

Write numbers like this: 0 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9

EXAMPLE: If you want to write the number "\$342.58" it should look like this: \$ 3 4 2 5 8

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Signature/Title _____ Date _____

Name of Training Institution _____

If you are on a semester/holiday recess, enter the date you are scheduled to return to school. _____

Section D: Complete below and mark Question 8 block on front.

NEW MAILING ADDRESS:

Street or Box Number _____

City and State _____ ZIP Code: _____

NEW PHONE NUMBER - INCLUDE AREA CODE:

() _____ - _____

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***Notes**

- **Keep a copy of the form for your records and mail the original to EDD.**
- **If the last week of class was included in the dates listed, then mail a copy of the Class Completion Certificate you received on the last day of class, stapled to the Continued Claim Form.**
- **If there are two weeks listed on the continued claim form, do not mail the continued claim form until the Sunday after the 2nd week listed ends. If the claim form only has one week listed, mail the form the Sunday after the week listed ends.**
- **The weeks listed on the continued claim form may include a week in which you worked prior to the start of training, or the week you returned to work after the completion of training. You must answer the questions for the week you worked and report your work hours and gross wages earned for the week. It is important that you complete both weeks on the continued claim form.**

You're Done!