

NEW HIRE BENEFIT AUDIT

REPLY IS REQUIRED BY LAW

Please return **all** benefit audit forms. This information could be the basis for administrative penalties against a claimant and accuracy is extremely important.

See enclosed instructions for step-by-step assistance. For additional clarification, call **866-401-2849**, or visit the EDD website at **www.edd.ca.gov**.

Social Security No. (SSN):
Employee Name:

If the **INDIVIDUAL WORKED** or had earnings, complete, sign, and return the New Hire Benefit Audit form. Report regular earnings when worked, not paid. If earnings are zero for all of the weeks listed, complete item number 1, sign, and return the audit form.

- Start-of-Work Date (SWD) provided: _____ If not correct, enter **ACTUAL SWD (Not Hire Date)**: _____
 Still employed Last day worked: _____ Return-to-work date: _____
 Separation reason: _____
- Compare the SSN and name shown above with your records. If different, provide the information below:
 SSN: _____ - _____ - _____ NAME: _____ Employee Date of Birth: _____
 Please complete the audit even if the SSN and name is different.
- Pay period: Weekly Bi-weekly Semi-monthly Monthly Pay period end date(s) _____
 Rate earned: Hourly at \$ _____ per hour Salary of \$ _____ per _____ Other _____
- Type of earnings:** REG=Regular/Overtime V=Vacation H=Holiday Pay RES=Residuals
 S=Severance Pay C=Commissions P=Piece Work O=OTHER _____

Week Begins	Hours Worked/Earned Each Day					Week Ends	Total Hours (If zero, Explain)	Gross Earnings	Provide the number of hours worked/earned for each type of earnings applicable.										
									REG	V	H	RES	S	C	P	O			

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
 SIGNATURE: _____ NAME: _____ TITLE: _____
 DATE: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL: _____