

**NOTICE OF REDUCED EARNINGS**

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER - -
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EDD USE ONLY Interviewer's Initial
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**NOTE:** 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.  
**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.**

AC

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

- Gross earnings (before deductions) were (if there were no earnings, enter Ø).....▶ \$ \_\_\_\_\_
- 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: \_\_\_\_\_
- Why is this employee not working full-time? (Check one)  
Lay off due to lack of work (includes reduction in hours)  Discharged  Voluntary Quit
- 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.

- 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: \_\_\_\_\_
- 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: \_\_\_\_\_
- 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: \_\_\_\_\_
- 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.
- 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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\_\_\_\_\_ Address City Zip Code

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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) ¿Cual 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.