

**UNEMPLOYMENT INSURANCE REPORT**

**(Total number of District School Employees Who Worked During October 2020)**

**Due by Novemeber 15, 2020**

**Fill-in:**

District: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Input count of covered employees at district as of October 2020:**

	<u>Classified</u>	<u>Certified</u>	<u>Total</u>
As of October 2020			
Prior Year Adjustments			
Subtotal			

**Certification:**

I hereby certify that, to the best of my knowledge and belief, the information contained and presented in this report is correct and complete.

Signature of Designated Employee: \_\_\_\_\_

**Send signed completed forms by e-mail:**

To: fiscalstandards@cccco.edu

As an alternative, forms mail be mailed to:

BOG, California Community Colleges Chancellor's Office (CCCO)

1102 Q Street, Suite 4400

Sacramento, CA 95811

Attention: Fiscal Standards

**Questions**

Any questions may be directed to Jubilee Smallwood regarding completion of this form or program.

By e-mail: [jsmallwood@cccco.edu](mailto:jsmallwood@cccco.edu) or by phone at: (916) 327-6225