

UNEMPLOYMENT INSURANCE REPORT

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

Due by November 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 may be mailed to:

BOG, California Community Colleges Chancellor's Office (CCCCO)
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 or by phone at: (916) 327-6225