Employment Development Department
State of California

AUTHORIZATION FOR RELEASE OF UNEMPLOYMENT INSURANCE RECORDS FOR RETIRED ANNUITANT

To: Employment Development Department
Orange County Primary Call Center
P.O. Box 5007
Buena Park, CA 90622

Fax: (916) 319-4143

I, _____, authorize the Employment Development
PRINT YOUR NAME

Fold Here

Department (EDD) to release my Unemployment Insurance (UI) information for purposes related to Government Code section 21224 [Retired Annuitant (RA) return to work prohibition for a CalPERS employer if UI benefits collected within the last 12 months] to:

TO:

NAME AND TITLE	***Appointing entity must include a stamped self-addressed return envelope with each request.***
STATE AGENCY	
MAILING ADDRESS	
CITY, STATE, AND ZIP CODE	

Fold Here

Date: _____ Signature: _____
MONTH/DAY/YEAR RETIRED ANNUITANT SIGNATURE

(This Authorization shall remain in effect for 12 months from the date signed below.)

Social Security Number:

Failure to sign this consent does not preclude the appointing entity authority from obtaining this information from the EDD after you are hired, pursuant to California Unemployment Insurance Code section 322.

☐ RA Declined to Sign Consent Authorization _____ _____
APPOINTING AGENCY REPRESENTATIVE SIGNATURE PRINT NAME

TO BE COMPLETED BY EDD

Were UI benefits paid to the above individual in the last 12 months?

☐ YES ☐ NO If yes, date last paid: _____ For week ending: _____

If yes, base period employer names:

STAMP *DATE RECEIVED BY EDD*

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