

UI Online

To get started select an option below

File a New Claim

Select File New Claim to complete the application. No additional UI Online registration is required to file a claim.

File New Claim

The File a New Claim features will be available during the times listed below (All times are Pacific time)

Day of the Week	Available Time
Sunday	5 a.m. - 8:30 p.m.
Monday	4 a.m. - 10 p.m.
Tuesday - Friday	2 a.m. - 10 p.m.
Saturday	2 a.m. - 8 p.m.

Register or Manage Existing Claim

Select Register or Manage if you would like to:

- Register for UI Online with your existing claim.
- Manage your existing UI Online account.

Register or Manage

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Unemployment Insurance Claim

UI Online

How is my Unemployment Insurance Award Calculated?

To have a valid claim and be potentially eligible to receive Unemployment Insurance benefits, you must meet the monetary requirement of working and earning a minimum amount of wages within the past 18 months. See [How Unemployment Benefits Are Computed](#) for more information.

Can I Cancel my Claim?

The law allows you to cancel a claim if you meet **all** of the following requirements:

- Benefits have not been paid.
- You have not been issued a written notice of disqualification.
- There is no overpayment from a previous claim; and
- The benefit year of your claim has not ended.

If you decide to cancel your claim, **do not certify for benefits through UI OnlineSM, EDD Tele-CertSM, or paper (DE 4501)**. Once a claim is cancelled, it cannot be reestablished with the same beginning date. If you have questions about stopping your benefits or canceling your claim, contact the EDD online, by mail, or by phone.

What Happens After I File My Claim?

The EDD will review your application, determine your eligibility to receive Unemployment Insurance benefits, and notify you by mail about the status of your claim. Allow up to 10 days for processing. If additional information is needed, or an eligibility issue is identified, a phone interview appointment is scheduled and you will be notified by mail of the date and time.

Important Browser/Security Information:

- Do not use any features that automatically fill your personal information to complete the online application, such as Google's Autofill, Internet Explorer's AutoComplete, or other similar features. If these are used, it may cause entries in your online application to be incorrect.
- For best results, use the latest version of these approved browsers: Internet Explorer, Google Chrome or Safari.
- You may need to download the free Adobe Acrobat to view and print linked documents.
- Do not use your browser's Back button while in UI Online. Note: In some browsers, the Backspace key is the same as the back button.

☒ I have read all of the above information.

To file a new Unemployment Insurance claim, select the **Next** button.

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Application for Unemployment Insurance

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Application for Unemployment Insurance

Answer the following questions to ensure you use the correct process to file your Unemployment Insurance claim

Indicates Required Field

1. Did you work in another state and/or Canada during the last 16 months? Yes No

2. Have you applied for Unemployment Insurance benefits in another state or Canada during the last 12 months? Yes No

3. Did your employer, union, or non-union trade association give you one of the following claim forms for Unemployment Insurance benefits? Yes No

- Notice of Reduced Earnings (DE 2063)
- Notice of Reduced Earnings (Fishperson) (DE 2063F)
- Pacific Maritime Association Partial Evidence of Payment Form (PMA 2063)
- Payment Certification (Work Sharing) (DE 4581WS)
- Initial Claim and Payment Certification (Work Sharing Employer) (DE 4511WS)

4. Did you serve in the U.S. military during the last 18 months? Yes No

5. Did you work for an agency of the federal government during the last 18 months? Yes No

6. Have you filed an Unemployment Insurance claim in California during the last 12 months? Yes No

Note: The answers you give to the questions on the application must be true and correct. You may be subject to penalties if you make a false statement or withhold information.

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Applicant Information

uio.edd.ca.gov/UIO/Pages/Public/NewClaim/ClaimantInformation.aspx

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To begin filing your claim you will need to provide your identification information

Provide the Social Security number that was issued to you by the Social Security Administration

If you were assigned an ECN (9-digit number beginning with 999 or 990) by the EDD, provide that ECN under question 1 and provide your SSN under question 2

Indicates Required Field

1. Social Security number (SSN) or EDD Client Number (ECN) Unhide

1a. Confirm the last 4 digits of your SSN Unhide

1b. Was this Social Security number issued to you or issued on your behalf by the Social Security Administration? Yes No

2. If you have used any other Social Security numbers, list them Unhide

3. Date of Birth Unhide (MM/DD/YYYY)

4. Gender Female Male

5. Applicant Name First Name Middle Initial Last Name

6. Is this the name that appears on your Social Security card? Yes No

7. If you have used any other names, list them First Name Last Name

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Driver License or ID Card Information

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Provide your Driver License or Identification card number, even if it is from a state other than California

If you have not been issued a Driver License or ID card answer "no" to question 1

*Indicates required field

1 Do you have a state issued Driver License or ID card? ☐ Yes ☐ No

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Prior Claim Information

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Provide the filing date of any claims that you have filed within the last two years.

This includes Unemployment Insurance (UI) Disability Insurance and Paid Family Leave (DIPFL)

Provide the month and year that you filed a claim, whether you were paid or not

*Indicates required field

1 Between 04/02/2018 - 04/01/2020 did you file a claim(s), reopen a claim(s), or collect benefits under the Unemployment Insurance (UI), Disability Insurance (DI) or Paid Family Leave (PFL) program(s)? ☐ Yes ☐ No

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Contact Information

1 General Information 2 Last Employer Information 3 Employment History 4 Additional Information 5 Summary 6 Confirmation

Provide your personal contact information, including your mailing address. If you have a Post Office (PO) Box or Private Mail Box (PMB), you must also provide your residence address.

Indicates Required Field

1 What is your mailing address?

*Location United States

*Number, Street, and Apartment/Unit or PO Box Number

*City

*State CA - California

*ZIP Code

2 Is your residence address the same as your mailing address?

Yes No

3 If you do not live in California, select the name of the county or county-equivalent (for example, parish, borough, census area, independent city, etc.) where you live.

4 Phone Number

4a Phone Type

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Citizenship & Statistical Information

1 General Information 2 Last Employer Information 3 Employment History 4 Additional Information 5 Summary 6 Confirmation

Indicates Required Field

Citizenship Information

Provide information about your citizenship. If you are not a U.S. citizen or national you will need to provide your work authorization information.

1 Are you a U.S. Citizen or National?

Yes No

Statistical Information

Provide general statistical information and select your preferred method to receive spoken or written communication.

1 Education

2 Are you a Veteran?

3 What race or ethnic group do you identify with?

4 Do you have a disability?

5 Preferred spoken/written language?

Spoken Language

Written Language

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uio.edd.ca.gov/UIO/Pages/Public/NewClaim/SelectLastEmployer.aspx

Last Employer Name

General Information **2 Last Employer Information** 3 Employment History 4 Additional Information 5 Summary 6 Confirmation

The EDD considers your last employer to be the very last employer you performed work for regardless if it was a full-time, part-time, or a temporary employer.

If you worked for a temporary agency, a labor contractor, an agent for actors or actresses, or an employer where wages are reported under a corporate name, your wages may have been reported under that employer name. If you worked for In-Home Supportive Services (IHSS), the welfare recipient for whom you provided the in-home supportive service is your employer, not the county.

You may refer to your check stub(s) or W-2(s) to obtain the name of your last employer.

List of Employers

Our records indicate you worked for the employer(s) listed below within the last 18 months. Select your last employer from the list below.

If your last employer is not listed on the page(s) provided, select Last Employer Not Listed.

If there are multiple pages select the numbers below to view additional employers.

Employer Legal Name	Doing Business As (DBA)
PASKENTA BAND OF NOMLAKE INDIANS OF CALI	ROLLING HILLS CASINO

☐ Last Employer Not Listed

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Last Employer Information

1 "What is the first and last name of your immediate supervisor?" Jeannie Cloud

2 "Last Date Worked" 03/15/2020 (MM/DD/YYYY)

3 "Reason No Longer Working" **Important!** Your last employer will be contacted to verify the reason you are no longer working. Providing false information is considered fraud and may result in penalties.

Separation Category: **Laid Off/No Work**

Separation Explanation: **Related to the coronavirus (COVID-19)**

4 "If you received, or if you expect to receive, any payments from your very last employer or any other employer other than your regular wages, report the payment below."

	Amount	From Date	To Date
4a. Holiday Pay		(MM/DD/YYYY)	(MM/DD/YYYY)
4b. Vacation Pay		(MM/DD/YYYY)	(MM/DD/YYYY)
4c. Severance Pay		(MM/DD/YYYY)	(MM/DD/YYYY)
4d. In-Lieu-Of-Notice Pay		(MM/DD/YYYY)	(MM/DD/YYYY)
4e. Other Pay		03/15/2020 (MM/DD/YYYY)	04/04/2020 (MM/DD/YYYY)

4e.1 Explain Other Pay

Add pay-wage continuation (Maximum 150 Characters)

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Use these answers

Use these answers

Employer Details

uiod.edd.ca.gov/UIO/Pages/Public/NewClaim/EnterEmployerDetails.aspx

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General Information Last Employer Information **Employment History** 4 Additional Information 5 Summary 6 Confirmation

Provide additional information for this employer.

Some sections may be pre-populated with information provided directly from your employer.

*Indicates Required Field

1. *Employer information

*Employer Name ROLLING HILLS CASINO
*Mailing Address 2655 EVERETT FREEMAN
*City CORNING
*State CA
*ZIP Code 96021

2. *First day you worked for this employer? (MM/DD/YYYY)
3. *Last day you worked for this employer? (MM/DD/YYYY)
4. *Did you work full time or part time?
5. How much did you earn per hour?
6. *On average how many hours did you work per week?

7. Provide wages earned from the employer listed above for the following quarters:
Gross wages earned from 01/01/2020 to 03/31/2020
Gross wages earned from 10/01/2019 to 12/31/2019
Gross wages earned from 07/01/2019 to 09/30/2019
Gross wages earned from 04/01/2019 to 06/30/2019
Gross wages earned from 01/01/2019 to 03/31/2019
Gross wages earned from 10/01/2018 to 12/31/2018

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Employer Business Type

uiod.edd.ca.gov/UIO/Pages/Public/NewClaim/IndustrySearch.aspx

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General Information Last Employer Information **Employment History** 4 Additional Information 5 Summary 6 Confirmation

Select the business category operated by the employer you worked for the longest in the past 18 months.

Once you choose the business type select Save.

*Indicates Required Field

Business Category

-Select One-

CULTURE, FORESTRY, & FISHING
MINING
CONSTRUCTION
MANUFACTURING
TRANS, COMM, GAS ELECTRIC & SANITARY SERVICES
WHOLESALE TRADE
RETAIL TRADE
FINANCE, INSURANCE, & REAL ESTATE
SERVICES
PUBLIC ADMINISTRATION
NONCLASSIFIED ESTABLISHMENTS

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Work Type

uio.edd.ca.gov/UIO/Pages/Public/NewClaim/OccupationSearch.aspx

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Work Type

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Search for the type of work you performed with the employer you worked for the longest in the past 18 months.
Once you choose the type of work select Save

*Indicates required field

Work type office

Search Search Reset

Previous Save

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Work Type

uio.edd.ca.gov/UIO/Pages/Public/NewClaim/OccupationSearch.aspx

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Once you choose the type of work select Save

*Indicates required field

Work Type office

Search Reset

Select a work type option

Search Results

1 2 3 ... >>

Select	Work Type	Description
<input type="radio"/>	ACCIDENT-PRVNTN-SQUAD POLICE OFFICER	POLICE PATROL OFFICERS
<input type="radio"/>	ADMINISTRATIVE OFFICER	ALL OTHER PROFESSIONAL, PARAPROFESSIONAL, AND TECHNICAL WORKERS
<input type="radio"/>	ADMINISTRATIVE/ GENERAL OFFICE	GENERAL OFFICE CLERKS
<input type="radio"/>	ADMITTING OFFICER	FIRST-LINE SUPERVISORS AND MANAGERS/SUPERVISORS - CLERICAL AND ADMINISTRATIVE SUPPORT WORKERS
<input type="radio"/>	ASSIGNMENT OFFICER	GENERAL MANAGERS AND TOP EXECUTIVES
<input type="radio"/>	ASSISTANT OPERATIONS OFFICER	ALL OTHER FINANCIAL SPECIALISTS
<input type="radio"/>	ASSOCIATE ACCOUNT OFFICER	LOAN INTERVIEWERS
<input type="radio"/>	ATTENDANCE OFFICER	COMPLIANCE OFFICERS AND ENFORCEMENT INSPECTORS, EXCEPT CONSTRUCTION
<input type="radio"/>	AVIATION-SAFETY OFFICER	COMPLIANCE OFFICERS AND ENFORCEMENT INSPECTORS, EXCEPT CONSTRUCTION
<input type="radio"/>	BACK OFFICE ASSISTANT	GENERAL OFFICE CLERKS

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School Employee Information

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School Employee Information

General Information Last Employer Information Employment History Additional Information Summary Confirmation

Answer the school employee question(s).

1. *Did you work for or provide services to or on behalf of any educational institution between 10/01/2018 to today? Yes No

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Availability Information

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Availability Information

General Information Last Employer Information Employment History Additional Information Summary Confirmation

Answer the questions about your work-related skills and availability then select Next

1. *What type of work do you normally perform?

2. *What other type of work can you perform?

3. *Is the type of work you normally perform seasonal?

4. *Do you expect to return to work for a former employer?

5. *Do you have a date to start work?

6. *Are you ready and willing to accept work that matches your work skills and educational background? (Example: If offered a job, would you be able to accept it?)

7. *Are you currently self-employed (have your own business or work as an independent contractor) or plan to become self-employed?

8. *Are you a member of a union or a non-union trade association?

BACK OFFICE ASSISTANT Add Work Type

Select Add Work Type button

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

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Additional Information

uio.edd.ca.gov/UIO/Pages/Public/NewClaim/OtherInformation.aspx

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Additional Information

General Information Last Employer Information Employment History Additional Information Summary Confirmation

Answer the questions and select Next to continue

Indicates required field

1 Are you receiving, or will you receive within the next two weeks, a pension or retirement that is not Social Security or Railroad Retirement, which is based on your own work or wages? Yes No

2 Are you receiving or do you expect to receive workers' compensation? Yes No

3 Are you currently attending or have a scheduled start date to attend school or training? Yes No

4 Are you now or have you been in the last 18 months an officer of a corporation, officer of a union, or the sole or major stockholder of a corporation? Yes No

5 Did you serve as elected public official or Governor-exempt appointee in the last 18 months? Yes No

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Disaster Information

uio.edd.ca.gov/UIO/Pages/Public/NewClaim/DisasterUnemploymentAssistance.aspx

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Disaster Information

General Information Last Employer Information Employment History Additional Information Summary Confirmation

Answer the disaster-related question(s) and select Next to continue

Indicates required field

1 Are you unemployed as a direct result of a recent disaster (for example: earthquake, flood, mudslide, or fire) in California? Yes No

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Disaster Information

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General Information Last Employer Information Employment History **4 Additional Information** 5 Summary 6 Confirmation

Answer the disaster-related question(s) and select Next to continue

*Indicates required field

1 Are you unemployed as a direct result of a recent disaster (for example: earthquake, flood, mudslide, or fire) in California? Yes No

1a Select the type of disaster: Public Health Tehama County Tehama County

1b At the time of the disaster, in which county did you reside? Tehama County

1c At the time of the disaster, in which county did you work? Tehama County

1d At the time of the disaster, was your unemployment caused by your need to travel through a disaster county? Yes No

1e Select the option that best applies to you: Unemployed Worker With Prospective Employment

1e.1 How many hours did you work per week prior to the disaster? (Maximum 150 Characters)

1e.2 Explain briefly how the disaster affected your ability to continue or begin your self-employment.

1e.3 What is the physical address of your business? Number and Street City State ZIP Code

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Answer this way

Unemployment Insurance Appl

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1 Are you receiving, or will you receive within the next two weeks, a pension or retirement that is not Social Security or Railroad Retirement, which is based on your own work or wages? No

2 Are you receiving or do you expect to receive workers' compensation? No

3 Are you currently attending or have a scheduled start date to attend school or training? No

4 Are you now or have you been in the last 18 months an officer of a corporation, officer of a union, or the sole or major stockholder of a corporation? No

5 Did you serve as elected public official or Governor-exempt appointee in the last 18 months? No

Disaster Information Edit

1 Are you unemployed as a direct result of a recent disaster (for example: earthquake, flood, mudslide, or fire) in California? Yes

1a Select the type of disaster: Public Health

1b At the time of the disaster, in which county did you reside? Tehama County

1c At the time of the disaster, in which county did you work? Tehama County

1d At the time of the disaster, was your unemployment caused by your need to travel through a disaster county? No

1e Select the option that best applies to you: Unemployed Worker With Prospective Employment

1e.1 How many hours did you work per week prior to the disaster?

1e.2 Explain briefly how the disaster affected your ability to continue or begin your self-employment.

1e.3 What is the physical address of your business? Number and Street City State ZIP Code

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