

EDD Resolution Form

If you are a part-time faculty member whose unemployment benefits claim has been denied by the state Employment Development Department (EDD) based upon reasonable assurance, please complete the form below and return it to FACCC. Doing so will give FACCC permission to work on your behalf towards reaching a resolution with EDD. This form is also available at www.faccc.org.

First Name _____ Last Name _____
Social Security # _____
Home Address _____
_____ City _____ Zip _____
Home Phone () _____ Cell Phone () _____
Employer _____
Work Address _____
_____ City _____ Zip _____
Work Phone () _____ E-mail _____
EDD Case # _____ Date EDD denied claim _____

Briefly state the circumstances surrounding your case:

Signature _____

I authorize FACCC to access my records in an effort to help resolve EDD's denial of unemployment benefits for which I applied.

Mail to: Faculty Association of California Community Colleges
1823 11th Street
Sacramento, CA 95814
or fax to: 916.447.0726

*Questions? Contact Andrea York at 916.447.8555
or ayork@faccc.org.*