

# 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](http://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 FACCC Legislative Advocate Andrea Harvey at 916.447.8555 or [aharvey@faccc.org](mailto:aharvey@faccc.org).*