PART TWO
FILE A CLAIM WITH THE EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD) OFFICE

General Reference Only

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California Training Benefit (CTB) Program

- The California Training Benefit (CTB) program with EDD allows you to attend training while receiving unemployment benefits.
- The A&J is NOT associated with the California Training Benefit program offered by the state. **Our apprentice guide is for reference only.**
- The A&J does not require participation in the California Training Benefit Program. It is your responsibility to file for benefits.
- This guide is for apprentices who wish to receive benefits for the week that they are in class. This guide does not apply if you are laid off the job.
- **IMPORTANT:** Anyone working Monday, during the week of block training, will not qualify for benefits.
- Each question must be answered. Claims without answers to all questions may be delayed or denied.
- If your benefit balance reaches zero, contact EDD by phone and ask to submit an application for a training extension.

Employment Development Department (EDD) Contact Information

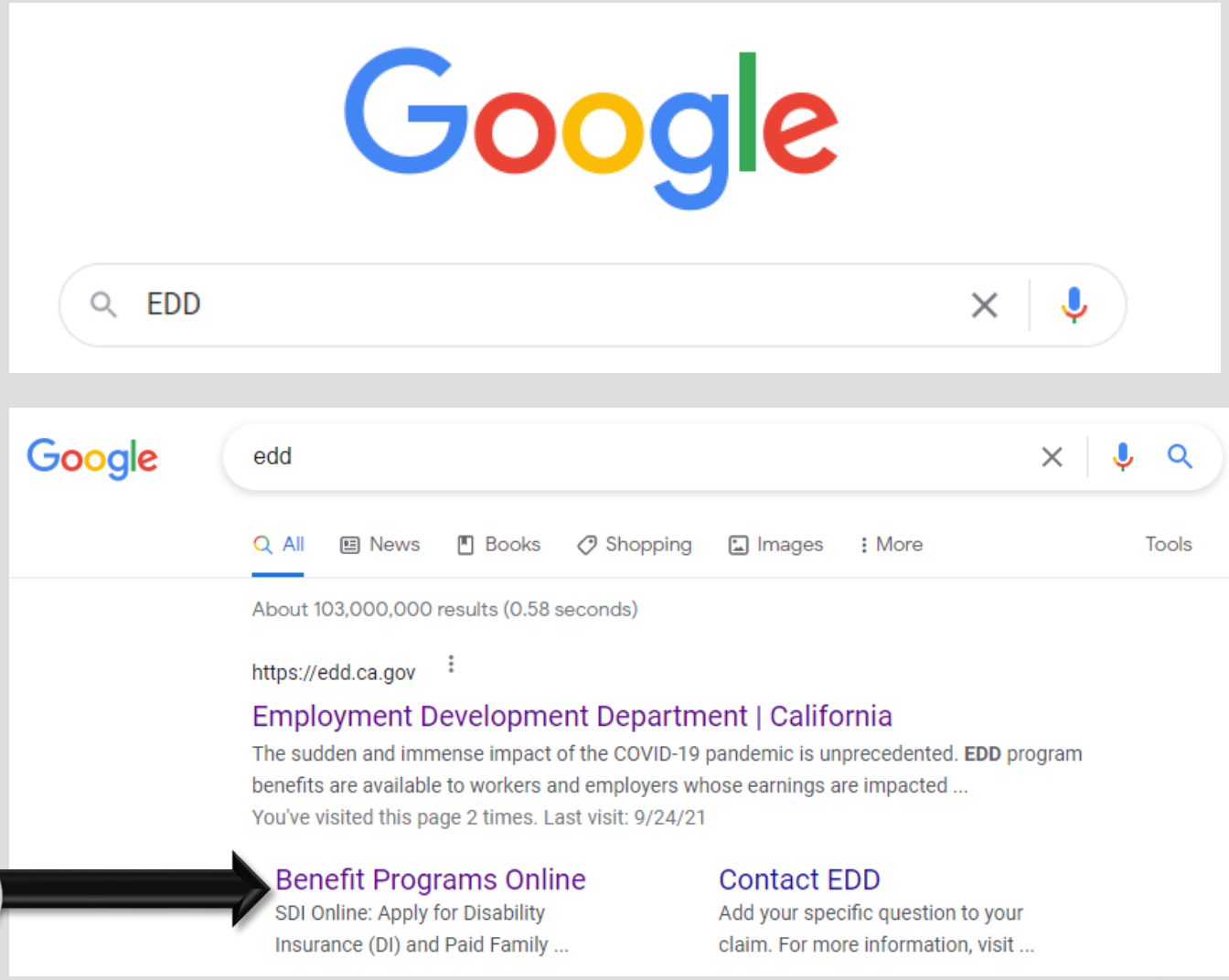
- **Hours** 8:00 A.M. to 5:00 P.M. (PST), Monday through Friday, except California state and federal holidays.
- Call at 8:00 A.M. when EDD's offices first open, except on Mondays as EDD's website lists Mondays before 10:00 A.M. as having the highest wait times.
- **English and Spanish**: 1-800-300-5616
  Cantonese: 1-800-547-3506
  Mandarin: 1-866-303-0706
  Vietnamese: 1-800-547-2058
  California Relay Service (711): Provide the UI number (1-800-300-5616) to the operator
  TTY: 1-800-815-9387

Phone or email communication should include your status as: **IMPORTANT!**

- You are an indentured apprentice.
- You are enrolled in an apprenticeship program registered with the state of California. Your apprenticeship status can be verified on the DIR website. **IMPORTANT!**
- You are submitting a claim for the California Training Benefit program provided by the State of California through EDD.

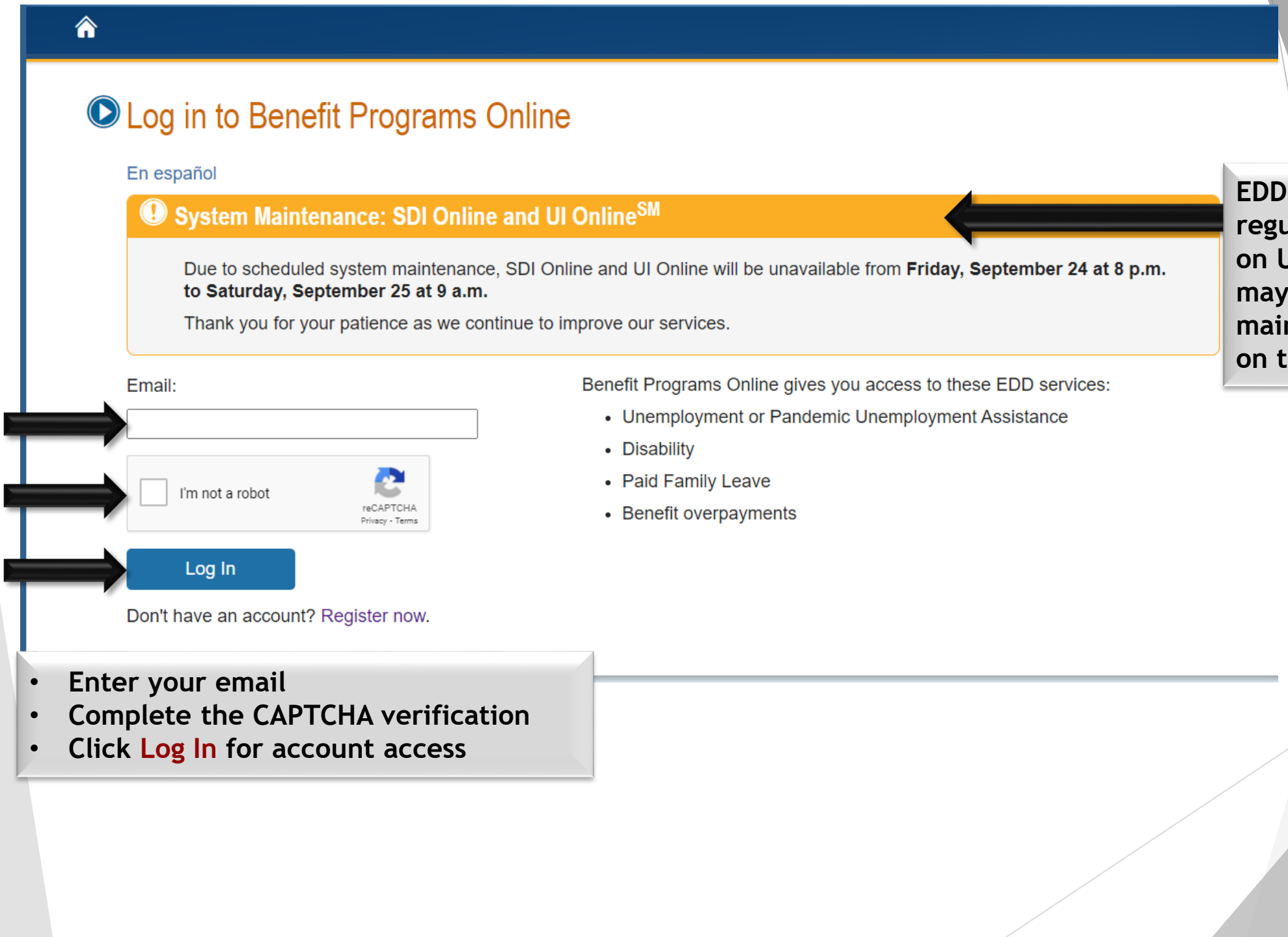
Sign in Employment Development Department (EDD) Website

Google EDD and click the **Benefit Programs Online** link or go to the website directly: http://edd.ca.gov/bpo



Click Here

Find **Benefits Login** in the top right corner of the EDD website between the **Home** and **Employer Login** links.



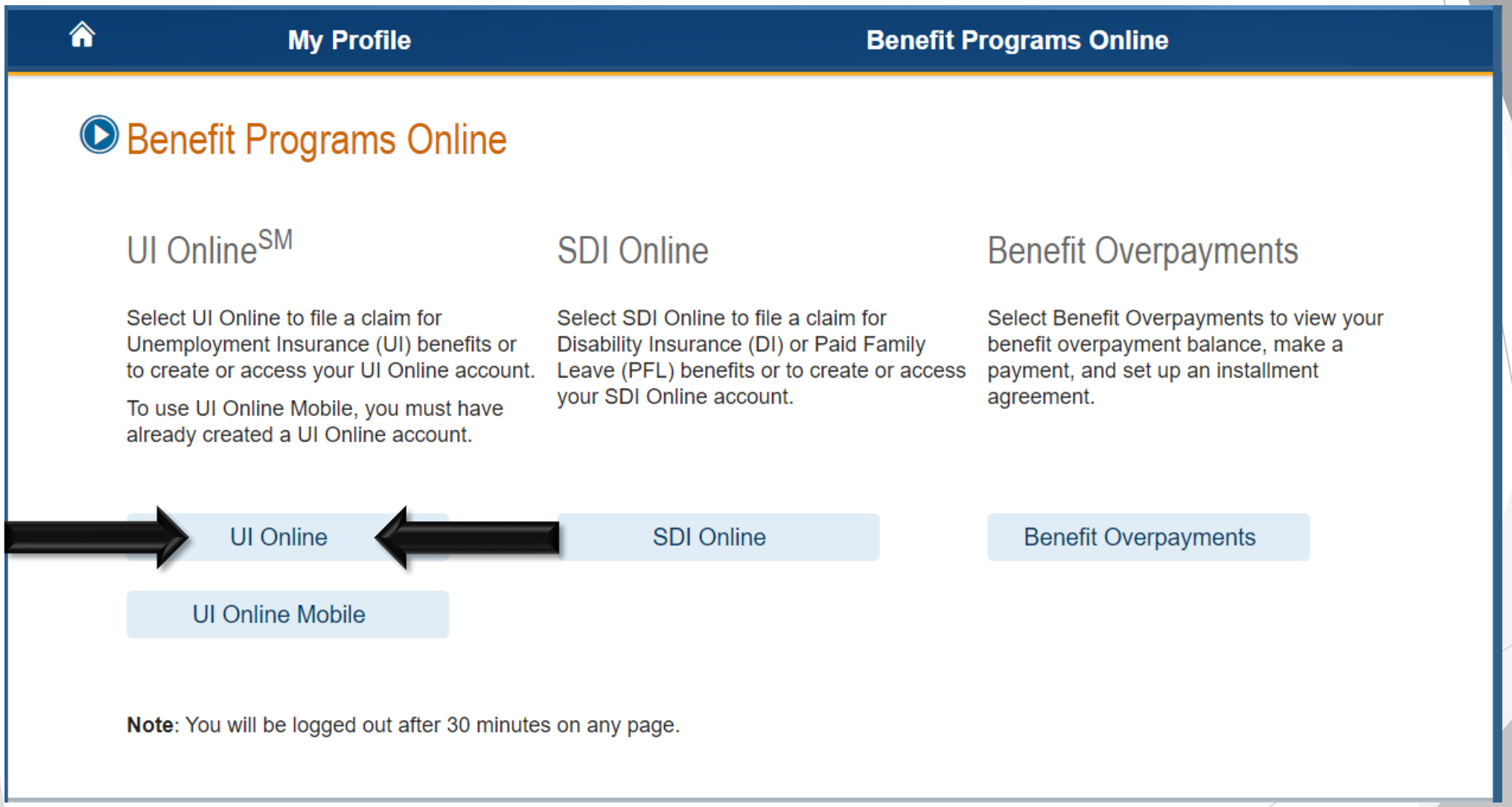
EDD conducts regular maintenance on UI Online and may display a maintenance notice on the login page.

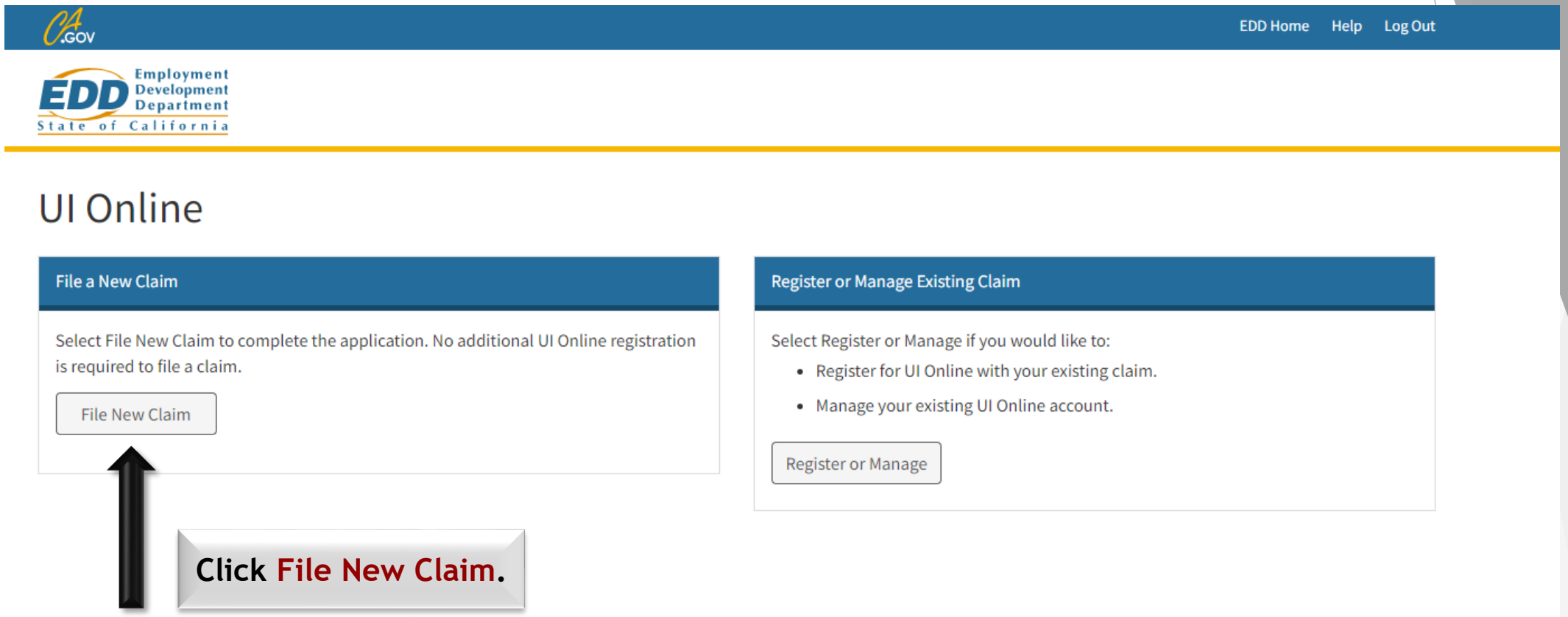
- Enter your email
- Complete the CAPTCHA verification
- Click Log In for account access

File a New Claim Online Employment Development Department (EDD)

9

Click **UI Online**.




CA.GOV
EDD Home
Help
Log Out
Employment Development Department
EDD
State of California
UI Online
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
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
Click File New Claim.

EDD Employment Development Department
State of California

How We Calculate Your Benefits

To be eligible to receive benefits, you must have earned enough wages in the past 18 months. Visit the Unemployment Insurance Benefit Calculator to estimate your weekly benefit amount.

What You Need to Apply

- Personal information
  - Social Security number
  - Mobile phone number
  - Mobile phone or tablet with a camera
  - Citizenship status (which may include your alien registration number)
- Last employer information (no matter how long you worked for them)
  - Address (mailing and physical location)
  - Phone number
  - Last date worked
  - Gross (total) earnings for the last week you worked (beginning with Sunday and ending with your last day of work)
- Information about all employers you worked for in the past 18 months
  - Address (mailing and physical location)
  - Phone number
  - Dates worked
  - Gross (total) wages earned
  - Hours worked per week and hourly rate of pay
- Pension information (if any)
  - Do not include Social Security, Railroad Retirement, or a pension based on another person's employment (such as your spouse).

Claim information required to file a claim.

Browser Information

For the best experience, use the latest version of Safari, Chrome, Edge, or Firefox.

If you use a feature that automatically fills in your personal information on forms, review all autofilled entries before submitting your application. Incorrect information may result in a delay or a denial of benefits.

You may need to download the no-cost Adobe Acrobat to view and print PDFs.

Important: Do not use your browser's back button. Use the **Previous** and **Next** buttons to navigate this form.

Previous Next

Click Here

Application for Unemployment Insurance

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

*Required Field

***1. Did you work in another state and/or Canada during the last 18 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?**

- *Notice of Reduced Earnings (DE 2063)*
- *Notice of Reduced Earnings (Fisherperson) (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)*

○ Yes ○ No

IMPORTANT:
Red stars * indicate required fields.

***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

***7. Are you under 18?**

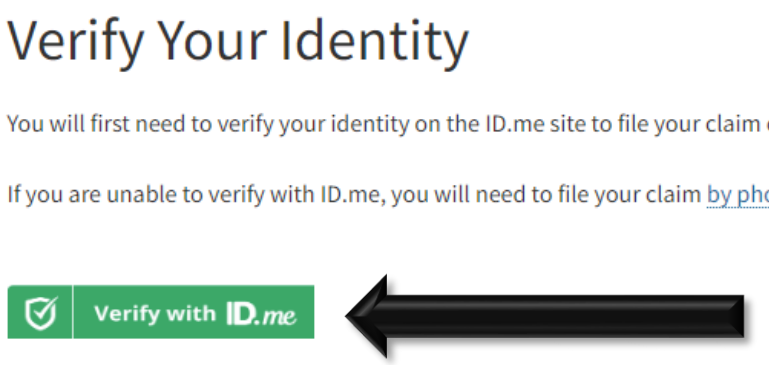
○ Yes ○ No

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.

Previous Cancel Next

Click Here

EDD requires identity verification at ID.me to ensure privacy and protection of unemployment benefit information.



Click Verify with ID.me to navigate to the secure identity verification website.

Applicant Information

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

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

*Required Field

First Name

Middle Initial

Last Name

Social Security number (SSN)

☐ Show

Date of Birth

Verify your information.

*1. Gender

◉ Female ○ Male

○ Choose not to answer

2. If you have used any other names, list them.

First Name | Last Name

First Name | Last Name

First Name | Last Name

Add any other names you have used on legal documents. Do not add nicknames.

Cancel | Next

Click Here

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.

*Required Field

1. What is your mailing address?

***Location**

United States

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

***City**

***State**

***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.

-Select One-

4. Phone Number

Do not enter hyphens or parentheses.

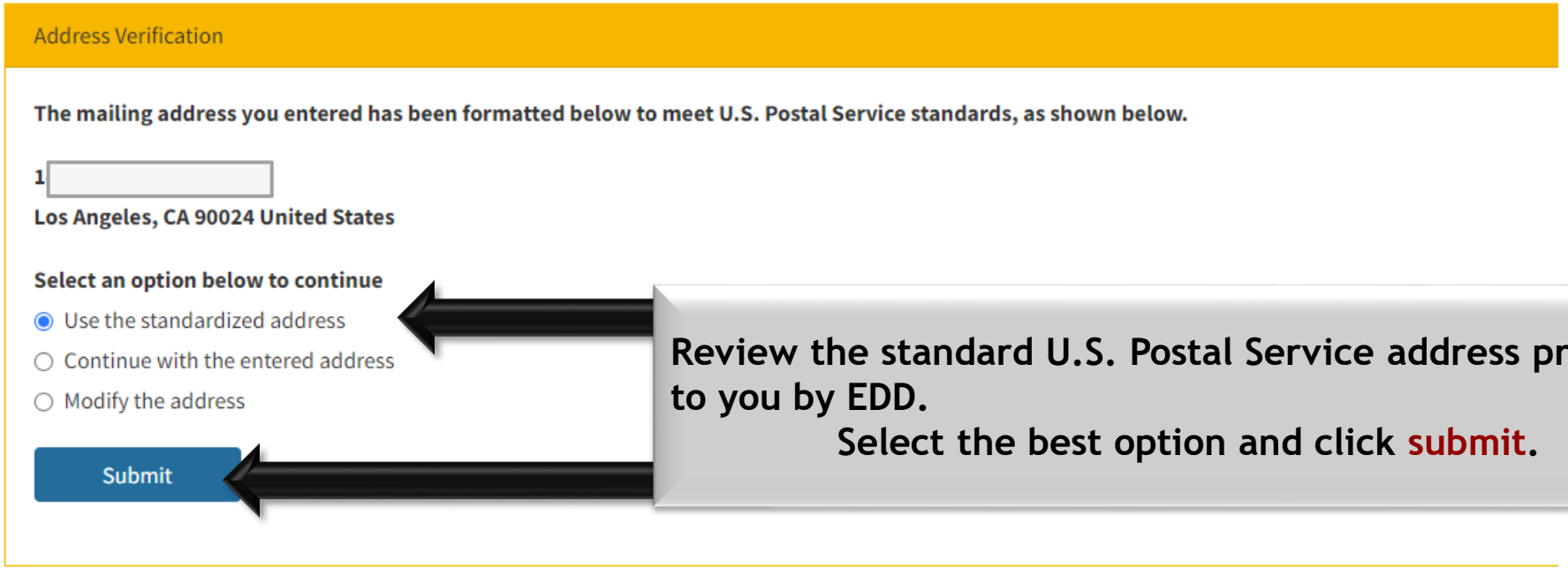
4a. Phone Type

-Select One-

Previous | Save as Draft | Cancel | Next

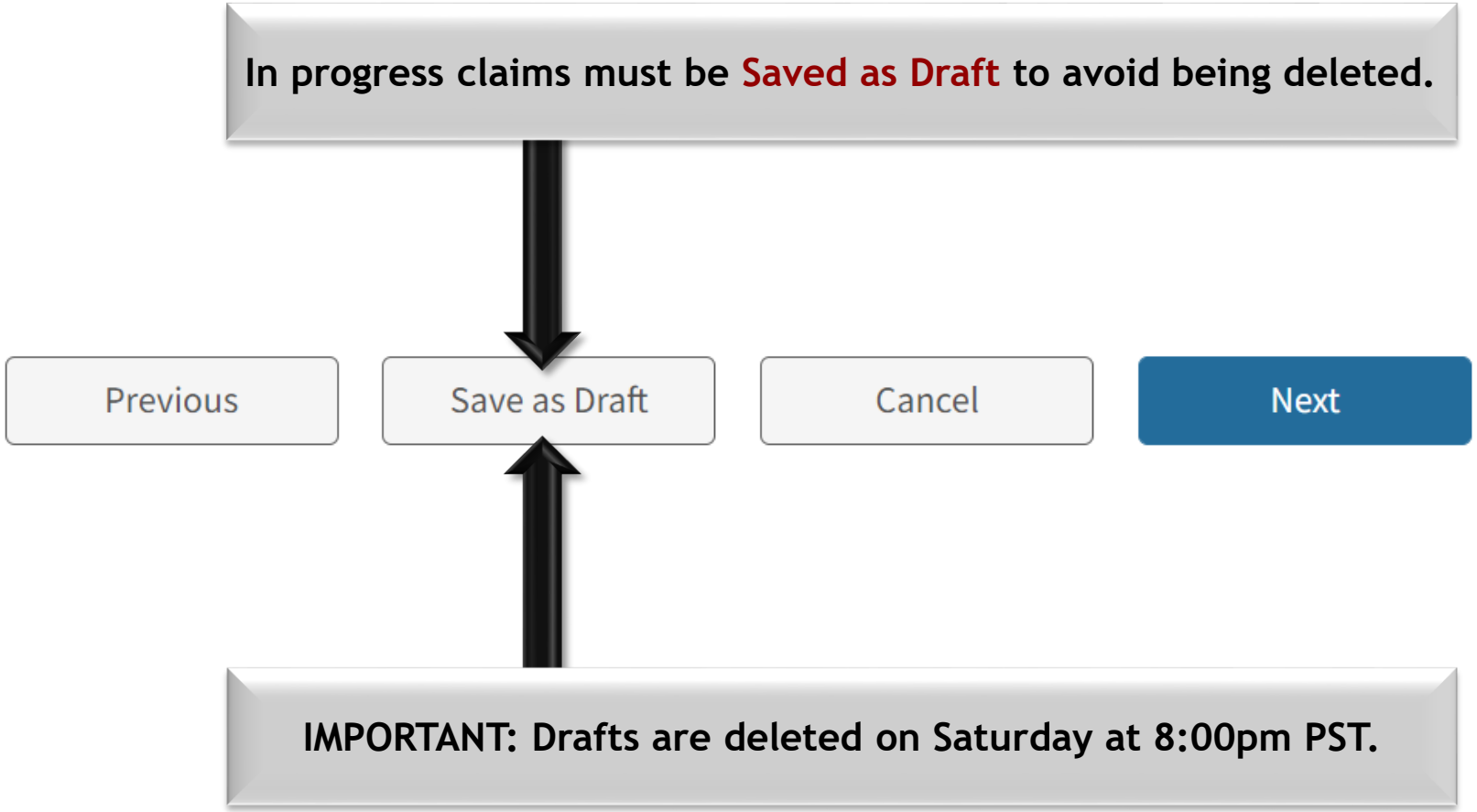
Complete required fields.

Click Here



Review the standard U.S. Postal Service address provided to you by EDD.

Select the best option and click submit.


In progress claims must be Saved as Draft to avoid being deleted.
Previous
Save as Draft
Cancel
Next
IMPORTANT: Drafts are deleted on Saturday at 8:00pm PST.

*1. Are you a U.S. citizen or national?

Yes No

Complete required fields.

Statistical Information

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

*1. Education

-Select One-

*2. Are you a veteran?

Yes No

*3. What race or ethnic group do you identify with?

-Select One-

*4. Do you have a disability?

-Select One-

*5. Preferred Spoken Language

-Select One-

*6. Preferred Written Language

-Select One-

Previous Save as Draft Cancel Next

Click Here

Last Employer Name

1 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)

○ YOUR CURRENT EMPLOYER

○ Last Employer Not Listed

Previous | Cancel | Next

Past employer information is listed here.

Select Last Employer Not Listed if your employer is not already listed.

Click Here

*Legal Name of Last Employer

Mailing Address

The mailing address is available on your last pay stub.

*Number and Street/PO Box and Number

*City

*State

*Zip Code

Phone Number of Last Employer

Do not enter hyphens or parentheses.

*2. Is the worksite or physical address of your last employer the same as the mailing address?

Yes No

Previous Cancel Next

Click Here

Last Employer Information

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

Provide additional details in the Last Employer Information section and select Next.

*Required Field

Last Employer

Action	Employer Name	Employer Mailing Address	Employer Physical Address
Modify Delete	Your Current Employer	Your Employer's Mailing Address	Your Employer's Physical Address

Last Employer Information

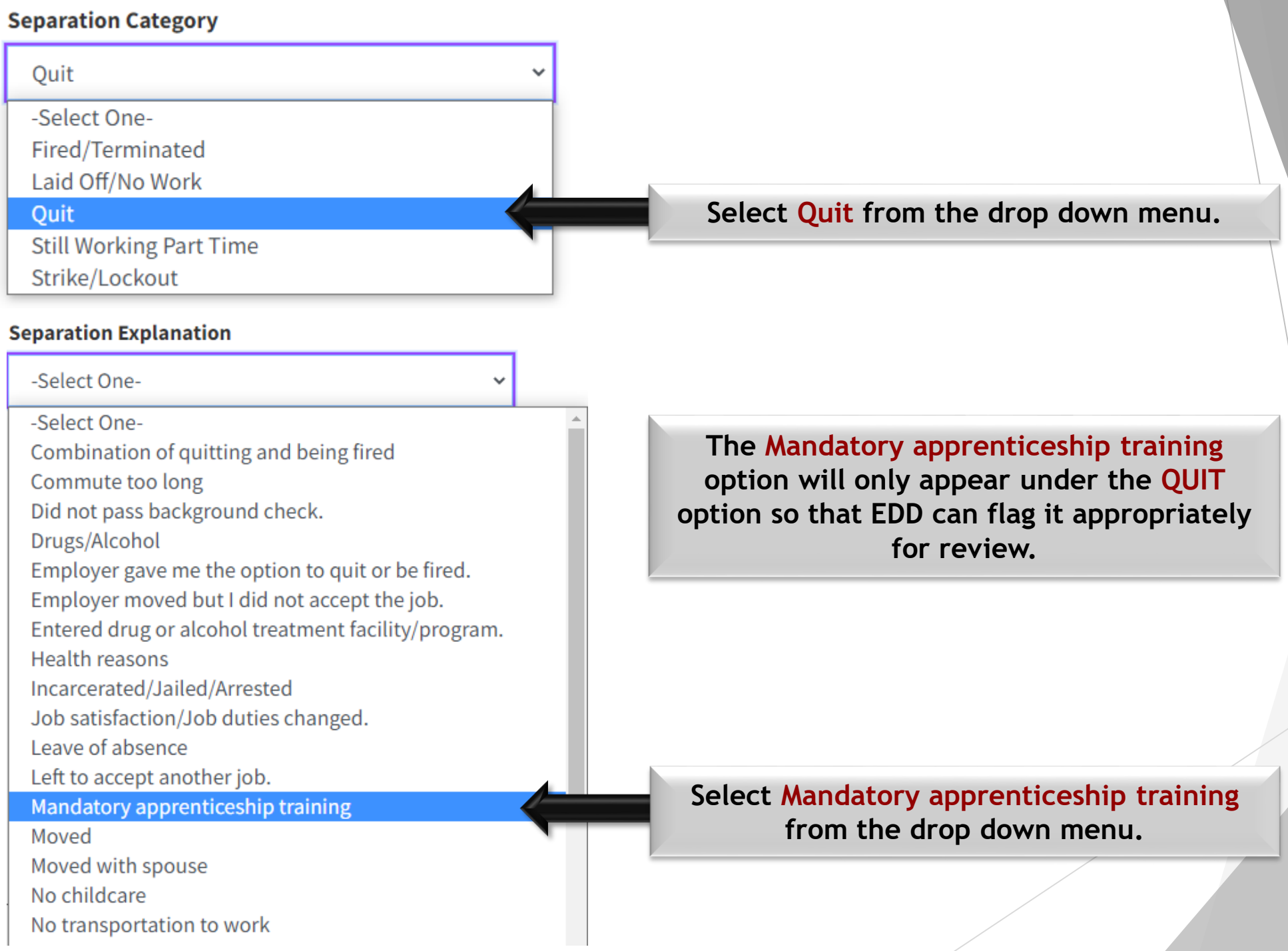
*1. What is the first and last name of your immediate supervisor?

Enter the foreman or supervisor you report to.

*2. Last Date Worked

Enter the Friday before your week of class.

IMPORTANT: Anyone working Monday, during the week of block training, will not qualify for benefits.


Separation Category
Quit
-Select One-
Fired/Terminated
Laid Off/No Work
Quit
Still Working Part Time
Strike/Lockout
Select Quit from the drop down menu.
Separation Explanation
-Select One-
-Select One-
Combination of quitting and being fired
Commute too long
Did not pass background check.
Drugs/Alcohol
Employer gave me the option to quit or be fired.
Employer moved but I did not accept the job.
Entered drug or alcohol treatment facility/program.
Health reasons
Incarcerated/Jailed/Arrested
Job satisfaction/Job duties changed.
Leave of absence
Left to accept another job.
Mandatory apprenticeship training
Moved
Moved with spouse
No childcare
No transportation to work
The Mandatory apprenticeship training option will only appear under the QUIT option so that EDD can flag it appropriately for review.
Select Mandatory apprenticeship training from the drop down menu.

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.

4a. ☐ Holiday Pay

4b. ☐ Vacation Pay

4c. ☐ Severance Pay

4d. ☐ In-Lieu-Of-Notice Pay

4e. ☐ Other Pay

Answer the required questions.

Previous | Save as Draft | Cancel | Next

Click Here

Employment Information

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

Provide your employment information for the last 18 months.

If you worked for a temporary agency, a labor contractor, an agent for actors, or an employer where wages are reported under a corporate name, your wages may have been reported under that employer or payroll company. If necessary, refer to your check stub(s) or W-2(s) to obtain the name(s) of your employer.

NOTE: Failure to report **all** employers, periods of employment, and total wages may result in your benefits being delayed or denied. Provide as much accurate information as possible for each employer.

*Required Field

Last Employer

You previously provided APPRENTICE & JOURNEYMEN TRAINING TRUST F as your last employer. If you worked for APPRENTICE & JOURNEYMEN TRAINING TRUST F from 04/01/2020 to 06/30/2021, add additional information below.

Update Employment Information

Select Yes to all the employers you worked for during 04/01/2020 to 06/30/2021.

For every employer you worked for select Update or Modify to provide additional information.

Employer Details	Employer Legal Name	Doing Business As (DBA)	*Did you work for this employer?	Status
Update	Your Employer's Legal Name	Your Employer's Business Name	(•) Yes ( ) No	Incomplete

Before you continue down this screen, click the **Update** link.

If the information provided by EDD is correct, select **Yes**. If the information is incorrect, select **No** and scroll down to enter the correct information below.

Employer Details

1 General Information | 2 Last Employer Information | 3 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.

*Required Field

1. Employer Information

*Employer Name

*Mailing Address

*City

*State

*ZIP Code

Verify the information provided is correct and/or fill in missing information.

*2. First day you worked for this employer?

02/08/2022

MM/DD/YYYY

*3. Last day you worked for this employer?

10/28/2022

MM/DD/YYYY

Enter your first day of employment with your employer.

Enter the Friday before your week of class.

IMPORTANT: Anyone working Monday, during the week of block training, will not qualify for benefits.

Fill in required fields.

*4. Did you work as an elected official or Governor appointee for the employer listed above?

Yes No

*5. Did you work full time or part time?

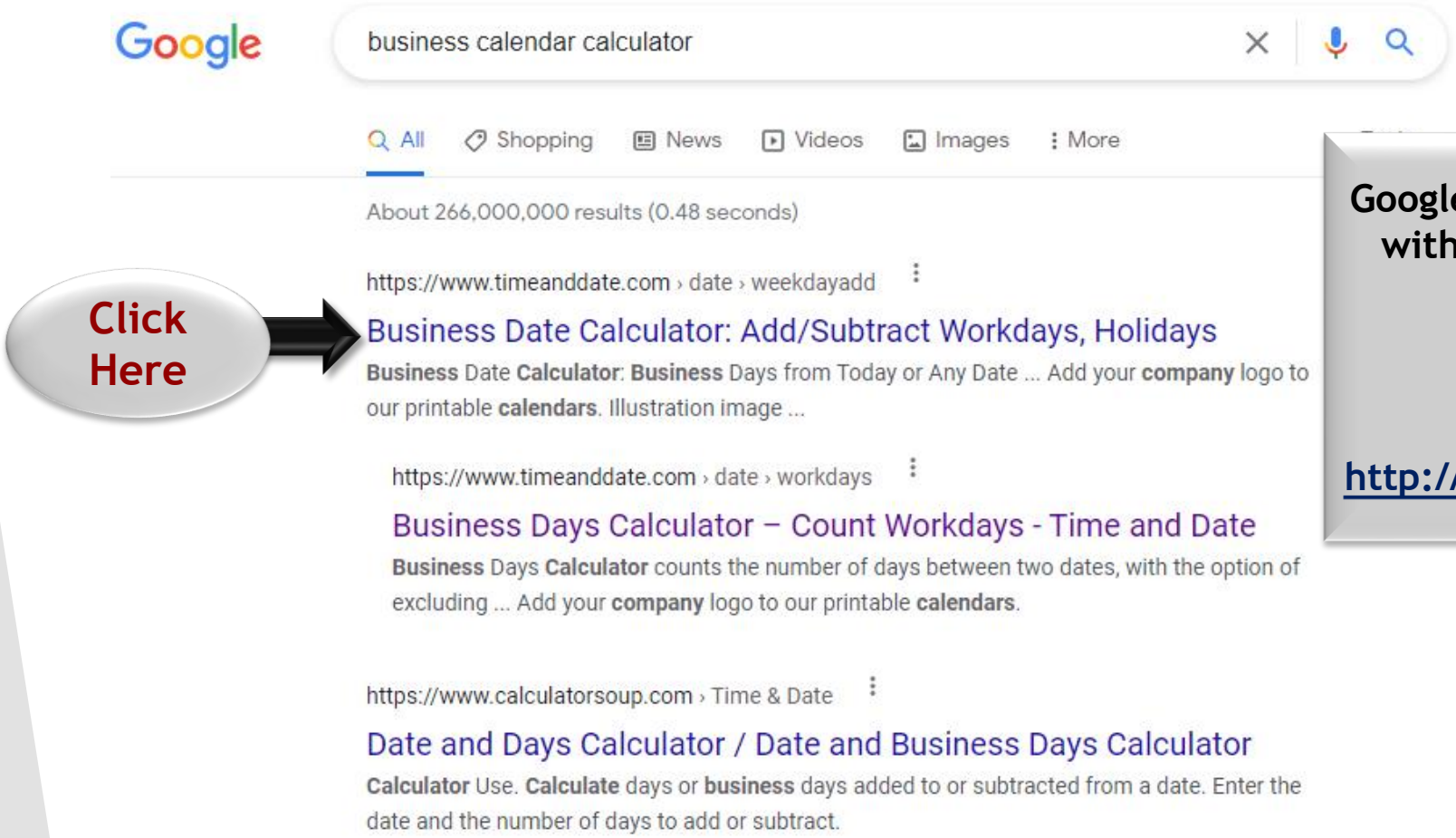
Part Time Full Time

6. How much did you earn per hour?

$0.00

*7. On average how many hours did you work per week?

Calculate Quarterly Gross Earnings



Click Here

Google business calendar calculator for assistance with calculating your quarterly gross earnings.

OR

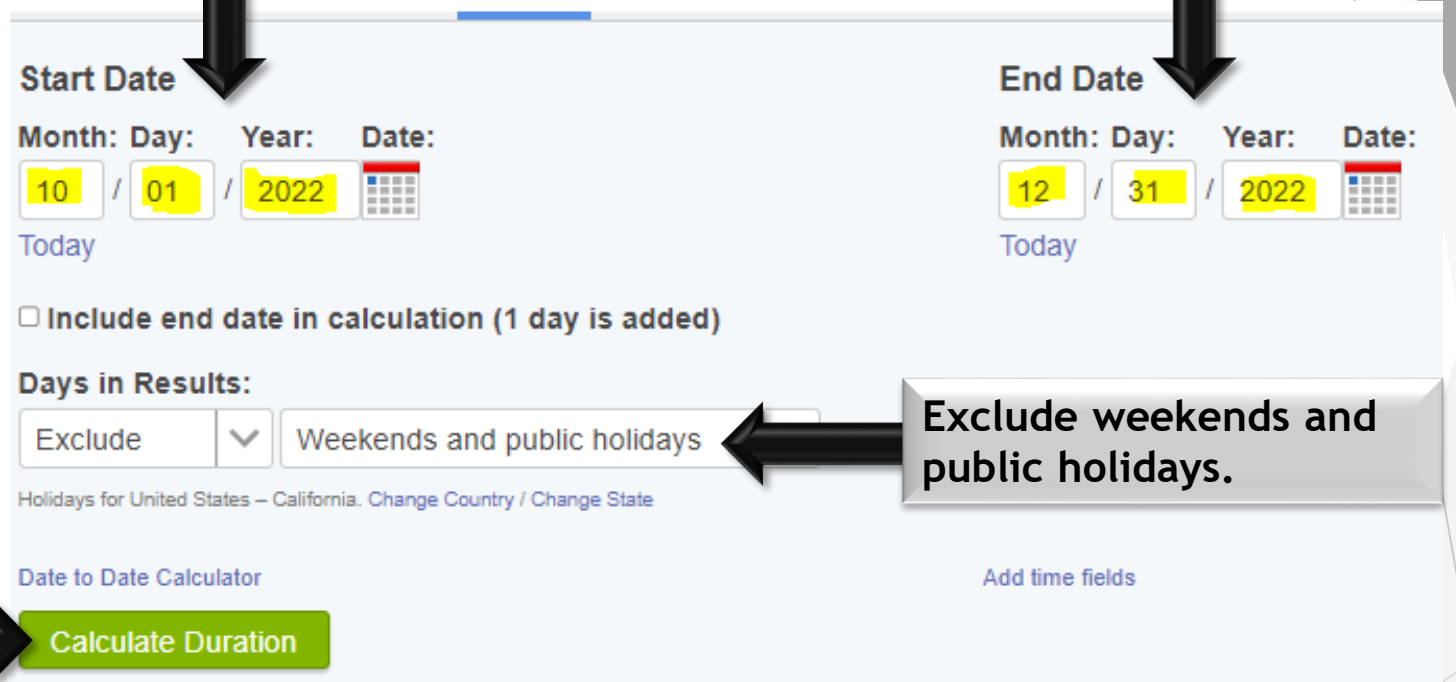
Go to:
http://www.timeanddate.com/date/workdays.html

8. Provide wages earned from the employer listed above for the following quarters

Gross wages earned from 10/01/2022 to 12/31/2022

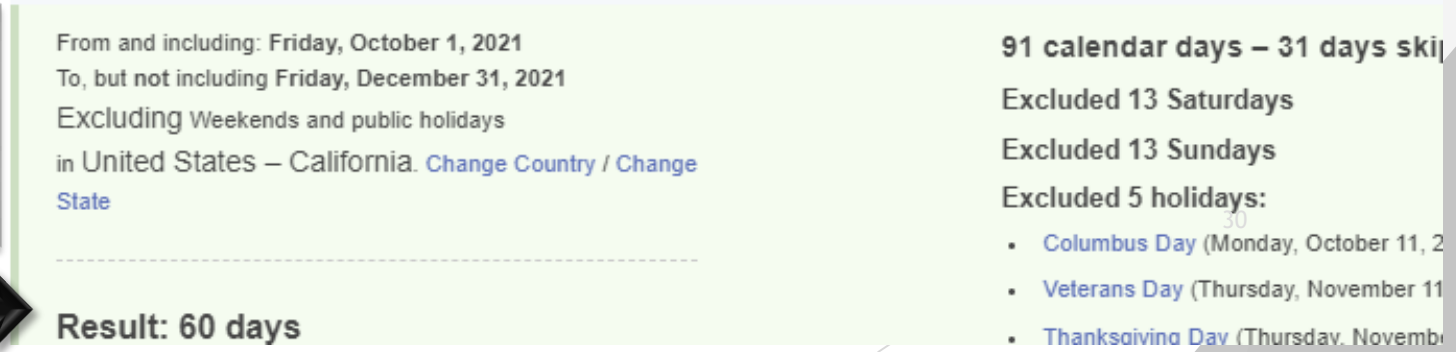
$0.00

Enter the dates provided for you on the EDD website into the start and end dates in the business calendar calculator to determine how many working days occurred in the quarter listed.



Exclude weekends and public holidays.

Click Calculate Duration to determine how many work days occurred between your start and end days.



EXAMPLE:

If 60 workdays occurred in the 10/01/2022 to 12/31/2022 quarter, the formula to calculate your gross earnings is:

[HOURLY WAGE] x [HOURS WORKED PER DAY] x [# OF DAYS FOR THE QUARTER] = [GROSS WAGES]

If you earn $25/hour and work 8 hours a day for 60 workdays in the 10/01/2022 to 12/31/2022 quarter, your earnings will be calculated as follows:

$25.00 x 8 hours x 60 days = $12,000 gross wage
(25 x 8 x 60 = 12000)

8. Provide wages earned from the employer listed above for the following quarters

Gross wages earned from 10/01/2022 to 12/31/2022

$0.00

Gross wages earned from 07/01/2022 to 09/30/2022

$0.00

Gross wages earned from 04/01/2022 to 06/30/2022

$0.00

Gross wages earned from 01/01/2022 to 03/31/2022

$0.00

Gross wages earned from 10/01/2021 to 12/31/2021

$0.00

Gross wages earned from 07/01/2021 to 09/30/2021

$0.00

Previous

Next

Click Here

Using the information provided on pages 30 and 31, calculate your gross wages and enter in the fields for each quarter listed.

If you were not working in any given quarter, leave it blank.

Update Employment Information

Select Yes to all the employers you worked for during 07/01/2021 to 09/30/2022.

For every employer you worked for select Update or Modify to provide additional information.

Employer Details	Employer Legal Name	Doing Business As (DBA)	*Did you work for this employer?	Status
Modify	APPRENTICE & JOURNEYMEN TRAINING TRUST F	APPRENTICE & JOURNEYMEN TRAINING TRUST F UND	(•) Yes ( ) No	Complete

Ensure employer's status is Complete.

Make sure Yes is selected.

Add Employment Information

Add additional employer information if applicable.

Add Employer

If you've worked for multiple companies in the time period highlighted in yellow above, click on Add Employer to make sure all of your earnings are accounted for.

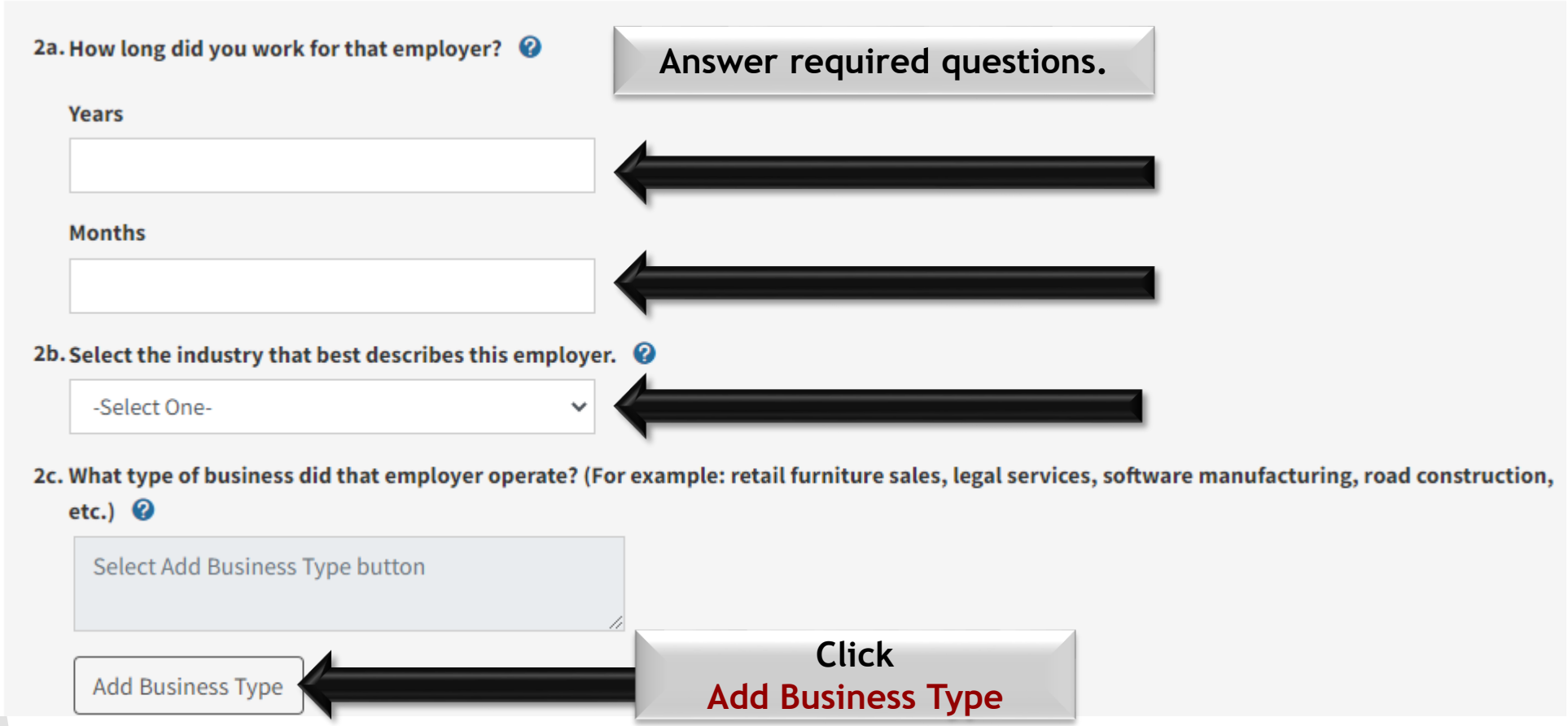
Employment History

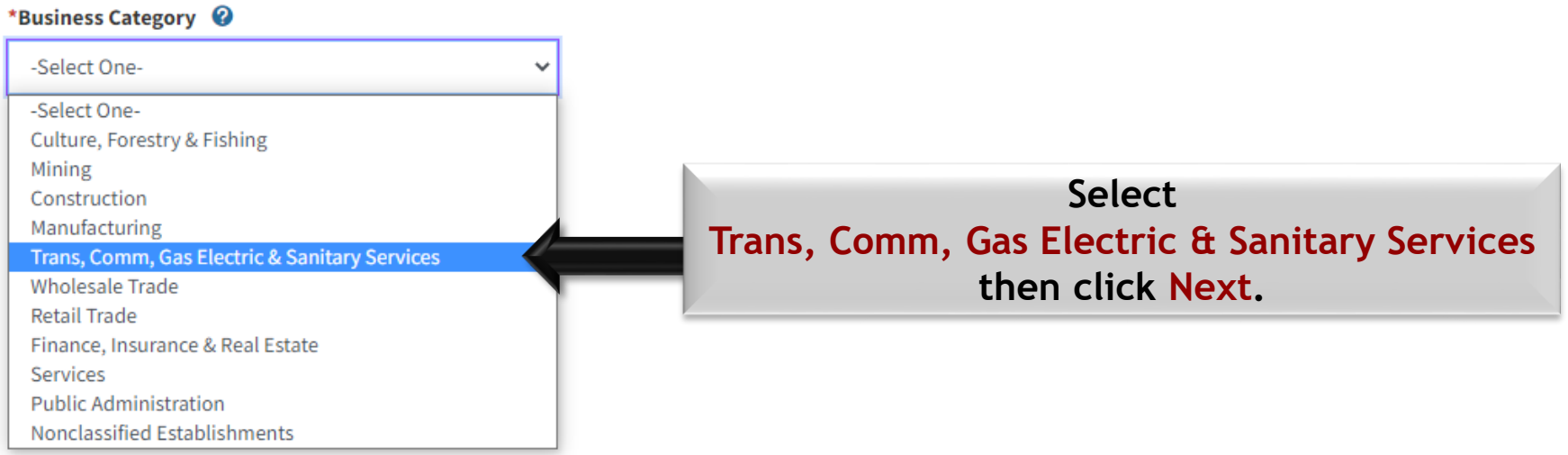
*1. From 07/01/2021 to 09/30/2022, did you work for any other employers not listed above?

( ) Yes ( ) No

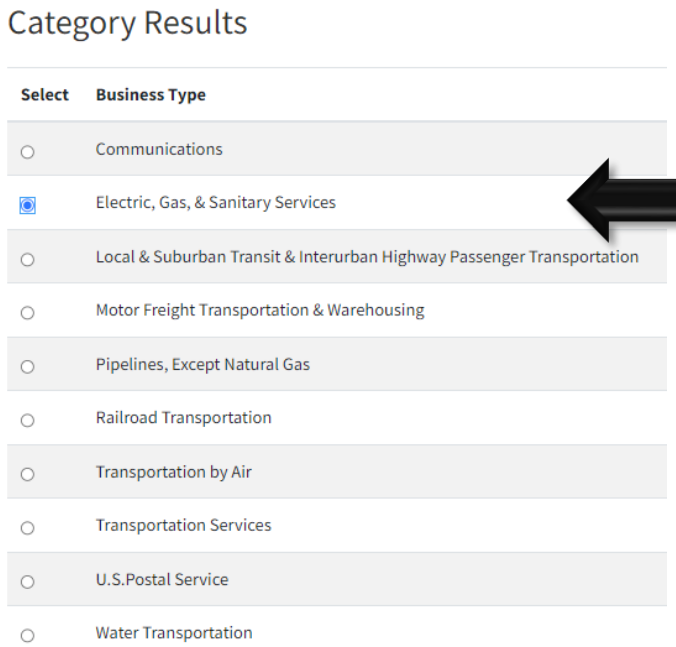
*2. From 07/01/2021 to today, which employer did you work for the longest?

Answer required questions.

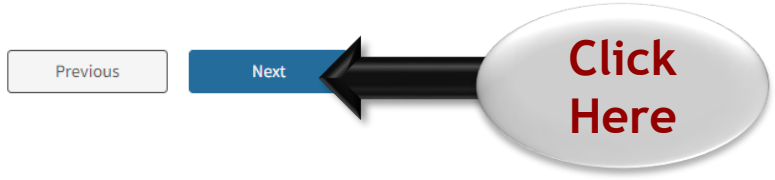

2a. How long did you work for that employer?
Answer required questions.
Years
Months
2b. Select the industry that best describes this employer.
-Select One-
2c. What type of business did that employer operate? (For example: retail furniture sales, legal services, software manufacturing, road construction, etc.)
Select Add Business Type button
Add Business Type
Click
Add Business Type



Select
Trans, Comm, Gas Electric & Sanitary Services
then click Next.



Select
Electric, Gas, & Sanitary Service



2c. What type of business did that employer operate? (For example: retail furniture sales, legal services, software manufacturing, road construction, etc.)

Electric, Gas, & Sanitary Services

Add Business Type

2d. What kind of work did you do for that employer?

Select Add Work Type button

Add Work Type

Click
Add Work Type

Previous | Save as Draft | Cancel | Next

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.

*Required Field

*Work Type

Type Plumber in the search bar.
Click Search to continue.

Plumber

Search

Search Results

Select	Work Type	Description
○	PLUMBER (construction)	PLUMBERS, PIPEFITTERS, AND STEAMFITTERS
○	PLUMBER (mfg. bldgs.)	PLUMBERS, PIPEFITTERS, AND STEAMFITTERS
◉	PLUMBER APPRENTICE	PLUMBERS, PIPEFITTERS, AND STEAMFITTERS
○	PLUMBER JOURNEYMAN	PLUMBERS, PIPEFITTERS, AND STEAMFITTERS
○	PLUMBER SUPERVISOR	FIRST-LINE SUPERVISORS AND MANAGERS/SUPERVISORS - CO
○	PLUMBER, PIPE FITTING	PLUMBERS, PIPEFITTERS, AND STEAMFITTERS
○	PLUMBER, PIPEFITTER	PLUMBERS, PIPEFITTERS, AND STEAMFITTERS
○	POOL PLUMBER / ELECTRICIAN	PLUMBERS, PIPEFITTERS, AND STEAMFITTERS
○	SPINDLE PLUMBER	MACHINERY MAINTENANCE MECHANICS, TEXTILE MACHINES

Select the PLUMBER APPRENTICE option.
As highlighted in yellow, this option applies to PLUMBERS, PIPEFITTERS, AND STEAMFITTERS.

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Click Here

2c. What type of business did that employer operate? (For example: retail furniture sales, legal services, software manufacturing, road construction, etc.)

Electric, Gas, & Sanitary Services

Ensure Electric, Gas, & Sanitary Services is the business type.

Add Business Type

2d. What kind of work did you do for that employer?

PLUMBER APPRENTICE

Ensure PLUMBER APPRENTICE is the work type.

Add Work Type

Previous | Save as Draft | Cancel | Next

Click Here

Answer the school employee question(s).

*Required Field

***1. Did you work for or provide services to or on behalf of any educational institution between 07/01/2021 to today?**

○ Yes ○ No

Answer the required question. This is for school employees only.

Previous | Save as Draft | Cancel | Next

Click Here

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

PLUMBER APPRENTICE

Add Work Type

Ensure **PLUMBER APPRENTICE** is the work type.

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

Select Add Work Type button

Add Work Type

Click **Add Work Type**
to enter an alternate work type that you are qualified to perform.
Search for and select what best applies to you.

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

○ Yes ○ No

Answer required questions.

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

○ Yes ○ No

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

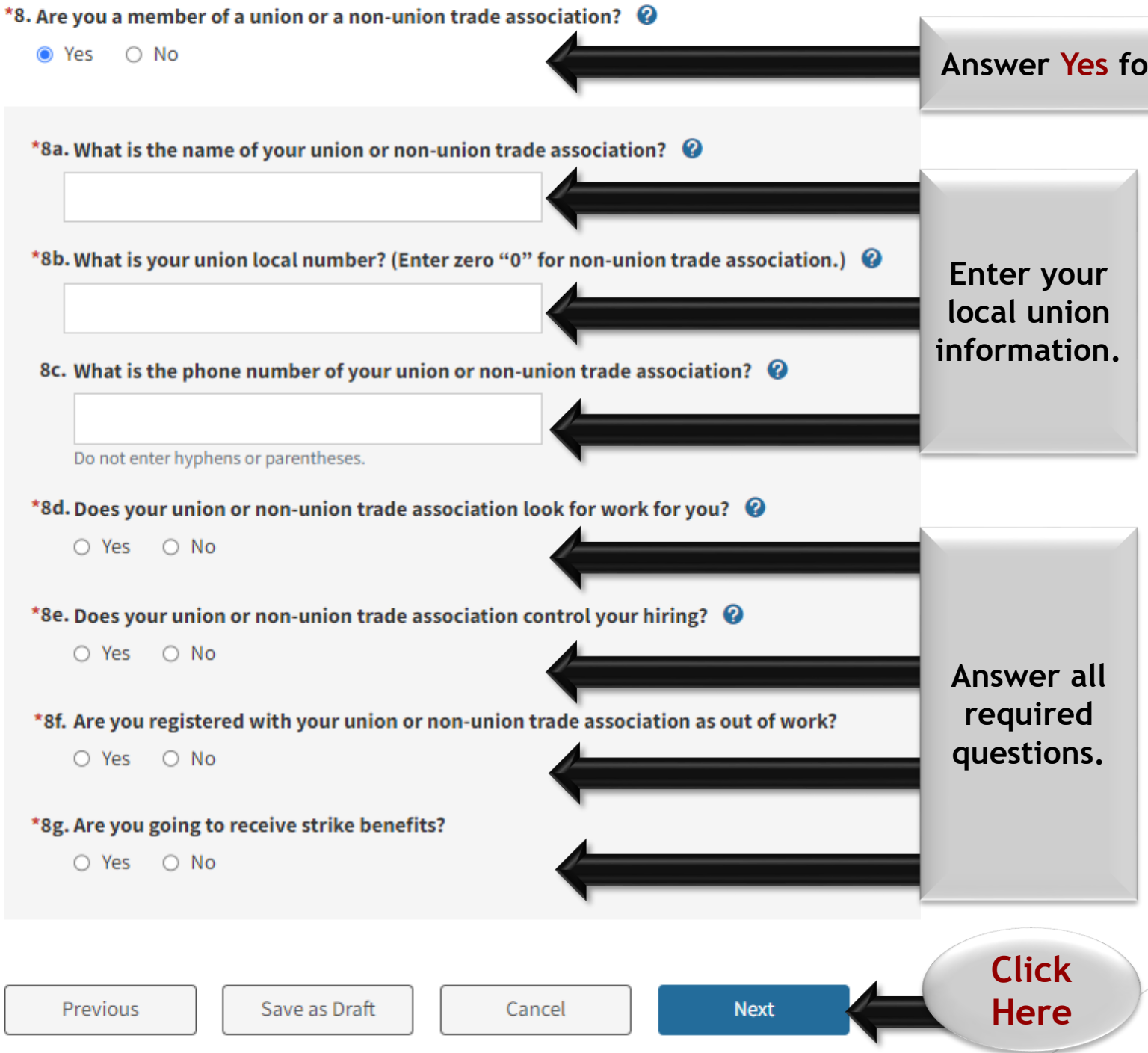
○ Yes ○ No

*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?)

○ Yes ○ No

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

○ Yes ○ No



Answer Yes for question 8.

Enter your local union information.

Answer all required questions.

Click Here

Additional Information

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

Answer the questions and select Next to continue.

*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

Answer required questions.

*3. Are you currently attending or have a scheduled start date to attend school or training?

(●) Yes ( ) No

For question 3, select Yes.

3a. Start Date

MM/DD/YYYY

3b. End Date of Current Session

MM/DD/YYYY

3c. School Name

A&J Training Trust Fund

3d. School Phone Number

3106040892

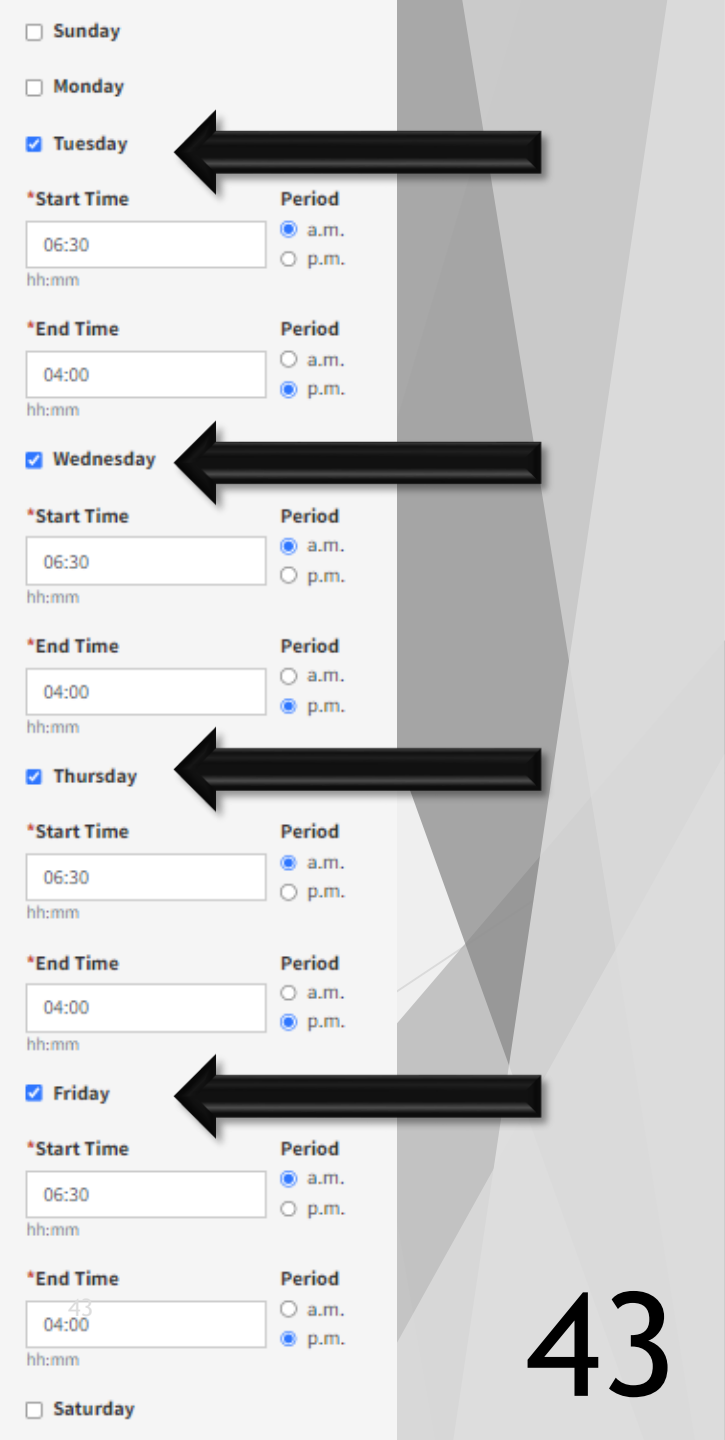
Do not enter hyphens or parentheses.

Fill out the rest of the questions according to your class schedule.

3e. Provide the Start Time and End Time for each day you are attending or plan to attend school or training.

- [ ] Sunday
- [ ] Monday
- [x] Tuesday
- [x] Wednesday
- [x] Thursday
- [x] Friday
- [ ] Saturday

Enter the days of the week for training. Include the start and end time for each day.



Select **State or Federal Approved Apprenticeship Program** from the drop down menu.

Enter your Local Union information.

Answer the required question.

Click Here

Disaster Information

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

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

*Required Field

***1. Are you unemployed as a direct result of a recent disaster (for example: COVID-19, earthquake, flood, mudslide, or fire) in California?**

○ Yes ◉ No

Previous | Save as Draft | Cancel | Next

Unemployment Insurance Application Summary

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

Your application for Unemployment Insurance has not yet been submitted.

Review the information in each section for accuracy. For changes or corrections, select Edit.

You will **not** be able to change your answers once you select Submit.

To complete the application process, select Submit.

*Required Field

Applicant Information

Edit

First Name

Middle Initial

Last Name

Social Security number (SSN)

Date of Birth

1. Gender

Female

2. If you have used any other names, list them.

Contact Information

Edit

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

Review all information.
Use the Edit buttons to correct any mistakes.

Certification Preference

***Only certify using UI Online or EDD Tele-Cert℠**

(•) Yes ( ) No

If you select yes, the EDD will not mail the paper continued form (*DE 4581*) to you. Customers on the Partials or Work Sharing claims are unable to certify for benefits online at this time but can access the many other features of UI Online.

Note: It may be necessary to send some documents via U.S. mail.

Previous | Save as Draft | Cancel | **Submit**

Click Submit to file your claim.

Print or keep a copy of your confirmation page for your records.

Important Links, Resources & References

- Part One: How to Create an Account with EDD & Verify your Identity" guide: http://www.ajtraining.edu/wp-content/uploads/2022/12/EDDpartone.pdf
- Part Two: How to File a Claim for Training Benefits with EDD guide: http://www.ajtraining.edu/wp-content/uploads/2022/12/EDDparttwo.pdf
- The Employment Development Department Website: http://edd.ca.gov
- EDD Benefits Programs Online: https://edd.ca.gov/bpo
- ID.me Support Team Information: http://help.id.me
- How to Set Up and Protect Your ID.me Account Guide: https://learn.id.me/rs/801-JLS-289/images/Unemployment%20Benefits%20User%20Guide.pdf
- The Business Days Calculator: http://www.timeanddate.com/date/workdays.html