

Memorandum

Date: December 7, 2007

To: All Holders of the Enforcement Division Directives Manual

From: **Department of Fair Employment & Housing**
Office of the Acting Director
(213) 439-6761 CALNET 8-213-439-6761

Subject: Directive 307 - Obtaining Information from the Employment Development Department

The Department is in the process of determining whether we will be able to receive certain information from the State of California Employment Development Department (EDD).

Effective immediately, do not attempt to request employer Quarterly Contribution Reports from EDD until further notice. However, you may continue to request complainant wage information and Unemployment Benefit information, etc. In doing so, a release signed by the complainant must accompany the request to EDD for this information. Attached is a copy of EDD's Authorization For Release Of Records form (English and Spanish) for this purpose, as well as a copy of the revised sample cover letter. All requests for information from EDD should be made through the District Administrator. This information is to be requested via EDD's Equal Employment Opportunity Office in accordance with the procedures as set forth in Directive 314 at section 4.B.

Please thoroughly review the contents of this memorandum. Upon completion, please make the appropriate entry in the index and then file it in front of the current version of Directive 307 in the Enforcement Division Directives Manual.

WANDA J. KIRBY
Acting Director

Attachments

**SAMPLE LETTER TO EDD FOR
INFORMATION REGARDING AN INDIVIDUAL**

Date

Employment Development Department
Equal Employment Opportunity Office
800 Capitol Mall, MIC 49
Sacramento, CA 95814

For purposes of investigating whether employment discrimination has occurred, the Department of Fair Employment and Housing (DFEH) requests the information on the individual identified below:

CLAIMANT

Claimant's Name:

Claimant's Social Security Number:

Information being requested: *(e.g., employer's response to EDD regarding the reasons for claimant's termination; claimant's current address; amount of Unemployment Insurance Benefits paid to claimant for the period _____ to _____, etc.).*

Attached is an "Authorization for Release of Records" signed by the claimant.

Thank you for your assistance.

Sincerely,

(Name)
District Administrator

12/07/07



AUTHORIZATION FOR RELEASE OF RECORDS

To: **State of California**
Employment Development Department

I, _____, authorize the Employment
(TYPE OR PRINT) NAME OF INDIVIDUAL WHO IS THE SUBJECT OF THIS REQUEST

Development Department (EDD) to release a copy of the following records
pertaining to myself:

- Unemployment Insurance Wages Reported by Quarter
 Disability Insurance
 Other _____
(SPECIFY TYPE OF RECORD)

covering the period from _____ to _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

To the following individual or entity:

NAME OF PERSON TO WHOM RECORDS ARE TO BE SENT

NAME OF ORGANIZATION

ADDRESS

CITY, STATE, ZIP CODE

This Authorization shall remain in effect for 90 days from the date signed below
or until _____ .
ENTER OTHER EXPIRATION DATE

Date: _____ Signature: _____
MONTH/DAY/YEAR INDIVIDUAL WHO IS THE SUBJECT OF THE REQUEST

Social Security Number: _____

[The disclosure of your social security number is voluntary. However, since most EDD records are filed by social security number, EDD may be unable to locate any or all of the records requested without disclosure of your social security number.]

