

# Unemployment Insurance Management System Maintained By County Superintendent of Schools

Please read instructions prior to completing this form.

County Name: \_\_\_\_\_

County-District Code: \_\_\_\_\_

## Total Number of Employees Working During October 2020

1. Number of covered employees reported for October 2020 \_\_\_\_\_
2. a. Reported covered employees for October 2019 \_\_\_\_\_  
b. Revised total employees for October 2019 \_\_\_\_\_  
c. 2019–20 adjustment (Line 2b minus Line 2a, use parentheses with negative numbers) \_\_\_\_\_

## Certification

I hereby certify that, to the best of my knowledge and belief, this report is true and correct and that all data have been compiled and reported in accordance with state and federal laws and regulations and the instructions for this report form.

\_\_\_\_\_  
Superintendent/Designee Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Superintendent/Designee Signature

\_\_\_\_\_  
Date

Any inquiries concerning this report should be directed to the attention of:

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

California Department of Education  
School Fiscal Services Division  
Form J-3 (Rev. 09/2020)