

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)