

## DEPARTMENT OF SOCIAL SERVICES



744 P Street, Sacramento, CA 95814

February 1, 1993

ALL-COUNTY INFORMATION NOTICE I-05-93

TO: ALL COUNTY WELFARE DIRECTORS

## REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by SDSS

SUBJECT: Revision of the DE 8720

The Employment Development Department (EDD) has completed its conversion to the Single Client Data Base (SCDB). The old system for providing abstracts has been abolished. Effective immediately, your agency is required to use the most current version [Rev. 2. (1-91)] of the Request for Information, DE 8720. Enclosed is a sample of the new DE 8720s. Additional supplies of the DE 8720s can be ordered from the DSS Warehouse. Their address is:

Department of Social Services  
Warehouse  
P.O. Box 22429  
Sacramento, CA 95822-3799

For your information, enclosed is an instructional sheet for completing the DE 8720. Please ensure that all persons within your agency that request information through this process are notified of this required use of the most current version of the DE 8720, Rev. 2. (1-91).

If you have any questions, please call Gary Scriven of the Fraud Bureau at (916) 445-0031.

MICHAEL C. GENEST  
Deputy Director  
Welfare Programs Division

Enclosures

cc: CWDA

## REQUEST FOR INFORMATION, DE 8720, COMPLETION

The Request for Information, DE 8720, is used to request abstracts from the Employment Development Department (EDD). The DE 8720 is a key-entry document and must be completed carefully and legibly. Please do not submit photocopies of the DE 8720. The following are some basic instructions which should aid you in the completion of the document.

- o Always complete the return address portion of the form. It may be the only information allowing EDD to return the DE 8720 to you should it be in error.

You **must** complete items A and E in all cases. In items B, C, and D, an entry must be made in at least one of the items, but there may be entries in any two or all three items. Additionally, for items B, C, and D, select **only the item(s) which is/are covered in your contract with EDD.**

- o **Item A, Requester Code** - Complete all six positions in this field. This code is used to direct the output to you. Additionally, we will be unable to provide you any information without the correct requester code. Be sure it is complete and legible.
- o **Item B, DE 507 and DE 4989** - Enter a "1", "2", or "3" in this field if you want a Wage and Claim Abstract, DE 507; and/or Employer Address, DE 4989. Otherwise, leave blank. Any other entry will be considered an error.
- o **Item C, ABS009.01, UI/DI Payment History** - Enter a "1", "2" or "3" in this field if you want UI Payment History and/or DI Payment History (up to 18 months of data). Otherwise, leave blank. Any other entry will be considered an error.
- o **Item D, Archive UI/DI Payment History** - Enter a "1" in this field if you want Archive UI/DI Payment History (up to 48 months of data). Otherwise, leave blank. Any other entry will be considered an error.
- o **Item E, SSA Numbers** - Enter from 1-18 SSA numbers on the form. Enter a full 9 digit numeric SSA number. Be sure that they are accurate and legible. SSA number(s) which are illegible or incomplete will not be keyed. A check mark next to the SSA number(s) indicate that they have not been processed, because they are not legible or are in error.

Once completed, please check the document over carefully to ensure that it has been properly completed and is legible. Then forward it to:

Employment Development Department  
Data Processing Division  
800 Capitol Mall  
P. O. Box 826880, MIC 58-2  
Sacramento, CA 94280-0001

FOLLOW  
SAMPLE



1 2 3 4 5 6 7 8 9 0

### REQUEST FOR CONFIDENTIAL INFORMATION

TO: EMPLOYMENT DEVELOPMENT DEPARTMENT P.O. BOX 826880 SACRAMENTO, CA 94280-0001  ATTN: DOCUMENT CONTROL --- MIC. 58-2		<b>A</b> REQUESTER CODE  MUST START WITH YOUR EDD ASSIGNED REQUESTER CODE  Complete all six blocks
FROM: (NAME OF DEPT., AGY., DIV., TO, ETC.)		<b>B</b> SELECT TRANSACTION AND ENTER CORRESPONDING NUMBER HERE. _____ →  1. DE 507 --- WAGE AND CLAIM ABSTRACT 2. DE 4989 --- EMPLOYER ADDRESS 3. BOTH OF THE ABOVE
ADDRESS: (NUMBER, P.O. BOX, STREET NAME)		
CITY	ZIP CODE	<b>C</b> SELECT TRANSACTION AND ENTER CORRESPONDING NUMBER HERE. _____ →  1. ABS009.01 --- CURRENT UI PAYMENT HISTORY 2. ABS009.01 --- CURRENT DI PAYMENT HISTORY 3. BOTH OF THE ABOVE  UP TO 18 MONTHS OF DATA
REQUESTER'S NAME: (PRINT)	TELEPHONE ( )	
DO NOT DUPLICATE THIS FORM. ORDER FORMS BY WRITING TO:  EDD SUPPLY WAREHOUSE 805 "R" STREET SACRAMENTO, CA 95814		<b>D</b> SELECT TRANSACTION AND ENTER CORRESPONDING NUMBER HERE. _____ →  1. ARCHIVE UI/DI PAYMENT HISTORY  UP TO 48 MONTHS OF DATA. ALLOW 4-6 WEEKS FOR PROCESSING.
<b>E</b> SSA NUMBERS		