



**Los Angeles County
Office of Education**

**INFORMATIONAL
BULLETIN # 5431**

9300 Imperial Highway, Downey, California 90242-2890 • (562) 922-6111

Debra Duardo, M.S.W., Ed.D., *Superintendent*

September 28, 2021

TO: Unemployment Insurance Contact
Selected Los Angeles County Charter Schools -
School Employees Fund (SEF) Members Only

FROM: Phillip Downing, Business Advisory Services Coordinator
Business Advisory Services

SUBJECT: Report of Covered Employees for Unemployment Insurance

In compliance with Education Code Section 1330, the Los Angeles County Office of Education (LACOE) is requesting that **if your charter school is a member of the School Employees Fund (SEF)**, please complete the attached form regarding the total number of covered employees for unemployment insurance purposes.

LACOE will submit this information to the California Department of Education. Follow the instructions below to complete the form, and return it to Ms. Mayra Chavez by **Friday, October 22, 2021**:

1. Report the total number of covered employees who worked during October 2021.
2. Count each employee only once.
3. Do not count the following employees:
 - a. students employed by the charter school;
 - b. employees in work experience or work relief programs;
 - c. employees who are elected officials.

This bulletin and attachment are available on the LACOE website at the following address:

www.lacoe.edu/bulletins

Use the “Search” function to locate a specific number or keyword.

If you have any questions, please contact Ms. Mayra Chavez via email at Chavez_Mayra@lacoe.edu or Phillip Downing at Downing_Phillip@lacoe.edu.

Approved:
Octavio Castelo, Director
Business Advisory Services

PD:mc
Attachment

**LOS ANGELES COUNTY OFFICE OF EDUCATION
BUSINESS ADVISORY SERVICES**

Unemployment Insurance Count of Covered Employees
Total Number of Employees Who Worked During October 2021

Community College District/: _____
School District

	CLASSIFIED	CERTIFICATED	TOTAL
As of October 2021			

I hereby certify that, to the best of my knowledge and belief, the information contained in this report is correct and complete.

Name (please type or print)

Title

Signature

E-mail Address

Telephone Number

Please return this form by Friday, October 22, 2021, via e-mail to UI@lacoedu.

If you have any question or require further assistance in completing this form, please send an e-mail to downing_phillip@lacoedu or chavez_mayra@lacoedu.