



September 22, 2022

**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 21, 2022**:

1. Report the total number of covered employees who worked during October 2022.
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](http://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](mailto:Chavez_Mayra@lacoe.edu) or Phillip Downing at [Downing\\_Phillip@lacoe.edu](mailto: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 2022

Charter School: \_\_\_\_\_  
(School Employees Fund – SEF members only)

	CLASSIFIED	CERTIFICATED	TOTAL
As of October 2022			

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 21, 2022, via e-mail to [Chavez\\_Mayra@lacoed.edu](mailto:Chavez_Mayra@lacoed.edu), or mail to:**

**Mayra Chavez  
Business Advisory Services ECW 2009  
Los Angeles County Office of Education  
9300 Imperial Highway, Downey, CA 90242**

If you have a question or require further assistance in completing this form, please send an e-mail to [Downing\\_Phillip@lacoed.edu](mailto:Downing_Phillip@lacoed.edu) or [Chavez\\_Mayra@lacoed.edu](mailto:Chavez_Mayra@lacoed.edu).