

The Episcopal Diocese of Los Angeles Human Resources Department 840 Echo Park Avenue, Los Angeles, CA 90026

Phone: 213-482-2040, Ext. 250

E-mail: humanresources@ladiocese.org

Diocesan Unemployment Insurance Benefits Program

Exclusively for Lay and Clergy Employees of the Diocese Participating in the Diocesan UEI Program. This program is not under the California State Employment Development Department (EDD)

Application Form 2025

Claimant Name:		/	/		
	Last Name	First Name	Middle Name/Initial		
Social Security Number:		Personal E	Personal E-mail:		
Mailing Address:					
Home Phone Number:		Cell Phone Number:			
Date of Hire: Termination Date:					
Employer Name					
Immediate Supervisor: Supervisor's			's Phone No:		
Employer address:					
Are you able to work, availa	ble for work, or acti	ively seeking work?	YES	NO	
Did you voluntarily quit your job?			YES	NO	
Were you discharged or fired for reasons other than lack of work?			YES	NO	
If yes, please explair	below:				
Claimant's Signature)		(Date)			

This form must be submitted within 30 days of separation from employment.

Please Return This Form To:

(Canon) Anilin Collado, Missioner for Human Resources By e-mail: humanresources@ladiocese.org By Mai: 840 Echo Park Avenue, Los Angeles, CA 90026