

APPELLATE OPERATIONS REPORT TO THE BOARD—SEPTEMBER 2009

REGARDING MONTH OF AUGUST 2009

A. WORKLOAD:

REGISTRATIONS:	2,206 cases (1,380 appellants)	10% above calendar year average
DISPOSITIONS:	1,867 cases (1,250 appellants)	10% above calendar year average
OPEN BALANCE:	3,598 cases (est. 2,321 appellants)	31% above calendar year average

B. CASE AGING: 39 days Met DOL's standard of 40 days or less

C. TIME LAPSE: DISPOSITIONS FROM DATE OF BOARD APPEAL

45 DAYS:	36%	14% below DOL standard of 50%
75 DAYS:	79%	1% below DOL standard of 89%
150YS:	99%	Met DOL standard of 95%

D. PAPERLESS PILOT: Starts Oct. 1, 2009 involving board appeals from Orange County

E. DRAGON NATURALLY SPEAKING: All AO ALJs trained on September 9th and 10th.

F. AO ALJS CONDUCTING FO HEARINGS: 5 AO ALJS to conduct hearings in Sacramento Office of Appeals for the first week of October, November and December 2009

G. ALJ LILIAN SHEK: Returns to work on September 8, 2009 from leave of absence

California Unemployment Insurance Appeals Board
Board Appeal Summary Report
Appeal Date: 8/1/2009 Through 8/31/2009

ATTACHMENT B

Prog Code	Count	Average Days in Transfer	Office	Average Days in Transfer	Case Count
01	1,428	4.85	Fresno	4.77	124
02	42	5.14	Inland	5.43	130
03	22	6.32	Los Angeles	4.35	196
05	6	3.33	Oakland	6.87	149
07	1	7.00	Oxnard	4.22	119
09	1	4.00	Pasadena	6.30	105
10	98	4.50	Sacramento	3.73	219
11	2	10.50	San Diego	4.75	186
13	1	7.00	San Francisco	5.06	71
15	4	5.25	San Jose	6.16	81
23	6	7.00	Tax Office	6.00	22
28	131	4.97	Orange County	3.85	196
29	5	9.80	Inglewood	5.20	169
30	1	1.00	Total	4.90	1,767
33	18	6.00			
35	1	3.00			
Total	1,767	4.90			

**California Unemployment Insurance Appeals Board
Board Appeal Summary Report**

July, 2009			June, 2009			May, 2009		
Office	Average Days in Transfer	Case Count	Office	Average Days in Transfer	Case Count	Office	Average Days in Transfer	Case Count
Fresno	7.54	152	Fresno	8.87	178	Fresno	7.68	187
Inglewood	7.38	188	Inglewood	9.95	222	Inglewood	9.62	170
Inland	9.92	201	Inland	11.14	192	Inland	9.67	214
Los Angeles	7.61	150	Los Angeles	12.28	102	Los Angeles	11.78	116
Oakland	8.31	150	Oakland	15.57	148	Oakland	12.83	145
Orange County	7.20	206	Orange County	8.15	182	Orange County	8.99	216
Oxnard	7.88	148	Oxnard	9.10	106	Oxnard	9.98	176
Pasadena	8.79	143	Pasadena	11.43	82	Pasadena	14.43	103
Sacramento	7.00	237	Sacramento	9.98	253	Sacramento	8.48	226
San Diego	8.90	202	San Diego	10.46	178	San Diego	10.52	166
San Francisco	8.17	130	San Francisco	9.58	146	San Francisco	8.31	87
San Jose	11.69	91	San Jose	13.69	70	San Jose	17.31	85
Tax Office	9.90	29	Tax Office	10.05	42	Tax Office	12.13	23
Avg/Total	8.23	2,027	Avg/Total	10.54	1,901	Avg/Total	10.29	1,914



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 - [Move the Quick Access Toolbar](#)
 - [Font](#)
 - [Select Mini Toolbar](#)
 - [Styles](#)
 - [Other Tabs/Ribbons](#)
 - [Picture Tools](#)
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- Calendar**
- [Accessing the Outlook 2007 Calendar](#)
 - [Create an Appointment](#)
 - [Change the Sound Played for Reminders](#)
 - [Create an Event](#)
- Tasks**
- [Creating a Task](#)
 - [Marking a Task Complete](#)
 - [Assigning a Task to Someone Else](#)
 - [Sorting Tasks](#)
- Notes**
- [Creating a Note](#)
 - [Displaying a Note](#)
 - [Modifying the Appearance of Notes](#)

- [The Microsoft Office Button](#)
- [Quick Access Toolbar](#)
- [Move the Quick Access Toolbar](#)
- [Font](#)
- [Select Mini Toolbar](#)
- [Styles](#)
- [Other Tabs/Ribbons](#)
- [Picture Tools](#)
- [The Excel Window](#)
- [Title Bar](#)
- [The Ribbon](#)
- [Worksheets](#)
- [Formula Bar](#)
- [Status Bar](#)
- [Move Around a Worksheet](#)
- [Go to Cells Quickly](#)
- [Select Cells](#)
- [Enter Data](#)
- [Edit a Cell](#)
- [Wrap Text](#)
- [Delete a Cell Entry](#)
- [Save a File](#)
- [Close Excel](#)
- [Set the Enter Key Direction](#)
- [Perform mathematical Calculations](#)
- [Copy Cut Paste and Cell Addressing](#)
- [Insert and Delete Columns and Rows](#)
- [Create Borders](#)
- [Merge and Center](#)
- [Add Background Color](#)
- [Change the Font Font Size and Font Color](#)
- [Move to a New Worksheet](#)
- [Bold Italicize and Underline](#)
- [Work with Long Text](#)
- [Change a Column's Width](#)
- [Format Numbers](#)
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- [Format Numbers](#)
- [Using Reference Operators](#)
- [Understanding Functions](#)
- [Fill Cells Automatically](#)
- [Create Headers and Footers](#)
- [Set Print Options](#)
- [Print](#)
- [Create a Chart](#)
- [Apply a Chart Layout](#)
- [Add Labels \(Title\)](#)
- [Change Data](#)
- [Change the Style of a Chart](#)
- [Change the Size and Position of a Chart](#)
- [Move a Chart to a Chart Sheet](#)
- [Change the Chart Type](#)
- [Print Screen](#)

- [The Microsoft Office Button](#)
- [Quick Access Toolbar](#)
- [Move the Quick Access Toolbar](#)
- [Font](#)
- [Select Mini Toolbar](#)
- [Styles](#)
- [Other Tabs/Ribbons](#)
- [Picture Tools](#)
- [The Title Bar](#)
- [The Ribbon](#)
- [The Ruler](#)
- [The Text Area](#)
- [The Vertical and Horizontal Scroll Bars](#)
- [The Status Bar](#)
- [Document Views](#)
- [Click](#)
- [Understanding Nonprinting Characters](#)
- [Place the Cursor](#)
- [Execute Commands with Keyboard Shortcuts](#)
- [Exit Word](#)
- [Type Backspace and Delete](#)
- [Bold Italicize and Underline](#)
- [Save a File and Close Word](#)
- [Cut and Paste](#)
- [Copy and Paste](#)
- [Use the Clipboard](#)
- [Create a New AutoText Entry](#)
- [Create AutoText Using Quick Parts](#)
- [Add Auto Text to the Quick Access Toolbar & Create a New Auto Text Entry](#)
- [Use Spell Check](#)
- [Find and Replace](#)
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- [Open a Blank Document](#)
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- [Change Line Spacing](#)
- [Create a First-Line Indent](#)
- [Indent Paragraphs](#)
- [Align Paragraphs](#)
- [Create a Hanging Indent](#)
- [Choose a Style Set](#)
- [Apply a Style](#)
- [Change Style Sets](#)
- [Add Bullets and Numbers](#)
- [Undo and Redo](#)
- [Set Orientation](#)
- [Set the Page Size](#)
- [Set the Margins](#)
- [Add Page Numbers](#)
- [Insert Page Breaks](#)
- [Preview and Printing Documents](#)
- [Word Drop Caps](#)
- [Overtyping](#)
- [Add AutoText to the Quick Access Toolbar & Create a New AutoText Entry](#)
- [AutoCorrect](#)
- [Record a Macro](#)

Subject: Exit Survey Process

PURPOSE:

The exit survey process is a means by which management can benefit from an employee’s candid expression of thoughts and ideas when permanent employees who are separating from CUIAB complete the *Employee Exit Survey* and/or participate in an exit interview.

The employee’s comments on his/her employment and experience with the CUIAB will be used to improve the working environment and to evaluate whether the needs of employees are being addressed. While participation in the exit survey process is not mandatory, the employee’s feedback will be used to evaluate current Appeals Board policies and procedures, analyze turnover factors, and improve working conditions. The information the employee furnishes will be maintained on a strictly confidential basis and will not become part of the employee’s personnel file. Furthermore, if an employee completes the survey, the employee does not need to identify himself/herself on the form. Also, an employee has up to a year to complete and submit his/her survey responses.

PROCESS:

The Appeals Board has developed a process that allows employees who are separating, transferring or promoting from CUIAB to voluntarily participate in the *Employee Exit Survey* and/or exit interview process which is intended to assist in maintaining a positive, safe, secure, and discrimination-free work environment and facilitate employee retention.

PROCEDURE:

At least one week before separation, the Personnel Office will inquire if the employee wishes to participate in the exit survey process. An employee may decline, however, employees are encouraged to either complete an *Employee Exit Survey* and/or request an exit interview. Employees may access the exit survey form from theBench by clicking on Employee Exit Survey. If an employee requests an exit interview, the Personnel Office will contact the appropriate staff member as identified below to schedule an exit interview.

If Employee is. . .	Appropriate Interviewer
FO Staff	Chief ALJ FO or designee
AO Staff	Chief ALJ AO
Admin Staff	Deputy Director Admin
Executive Staff	Chief Counsel
Employees may request a confidential Exit Interview with any member of Senior Staff.	

A. If an employee wishes to complete an *Employee Exit Survey*:

1. Obtain the form from theBench by clicking on Employee Exit Survey.
2. Fill out the survey before separation or an employee has up to a year to complete and submit his/her survey responses.
3. Either submit online, which survey will be sent to Deputy Director of Admin Services, or place the survey in a sealed envelope addressed to the Deputy Director of Admin Services marked "Confidential" to be anonymous.

At the employee's option, the employee may also send a copy of his/her comments to the Chief ALJ FO, if he/she is not otherwise the employee's assigned staff member.

B. If an employee wishes to request an exit interview:

1. Inform the Personnel Office.
2. The Personnel Office will contact the appropriate interviewer (see table on previous page) to inform him/her that the separating employee wishes to participate in an exit interview.
3. The employee completes the exit interview within the last week of employment or up to a year to complete and submit his/her survey responses.

EMPLOYEE EXIT SURVEY

We would appreciate you taking some time to answer the following questions as candidly as possible. The purpose of the survey is to identify the reason(s) why employees leave CUIAB employment and to identify areas where we can improve CUIAB as a place of employment. The information you provide will remain confidential and will not become part of your personnel file. It will, however, be maintained in a separate, confidential file in the Administrative Services Branch, Deputy Director Office for management's use in meeting our goal to continually improve the CUIAB workplace.

Employee Name (Last, First, MI.): (OPTIONAL)			
Classification:	(Optional)	ARU:	(Optional)

Please complete the following:

Years of Service @ CUIAB _____ Years Date of Separation (Mo./Yr.) ____/____

A. Reason(s) for Leaving (Check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Private Employment | <input type="checkbox"/> Job Content |
| <input type="checkbox"/> Transfer to _____ | <input type="checkbox"/> Better Job Opportunity | <input type="checkbox"/> Relocation Out of Area |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Job Dissatisfaction | <input type="checkbox"/> Family/Personal Issues |
| <input type="checkbox"/> Self Employment | <input type="checkbox"/> Issues with Supervisor | <input type="checkbox"/> Health Reasons |
| <input type="checkbox"/> Insufficient Training | <input type="checkbox"/> Working Conditions | <input type="checkbox"/> Further Education |
| <input type="checkbox"/> Lack of Employee Recognition | <input type="checkbox"/> Conflict(s) with Coworker(s) | <input type="checkbox"/> Transportation Problems |
| <input type="checkbox"/> Lack of Upward Mobility Opportunity | <input type="checkbox"/> Conflict(s) with Management | <input type="checkbox"/> Commute Distance |
| <input type="checkbox"/> Other (Please specify): _____ | <input type="checkbox"/> Dismissal from State Service | <input type="checkbox"/> Rejection during Probation |

B. Please rate your job in terms of:

	Poor	Fair	Good	Excellent
--	------	------	------	-----------

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Initial training and orientation when hired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ongoing training and development opportunities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job duties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opportunities for assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Please rate your job in terms of:	Poor	Fair	Good	Excellent
Opportunities to discuss problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to utilize your abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of responsibilities/expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of challenge provided by job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient time to complete your assignment(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotional opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate supervision to you as an employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating all employees fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate staffing (supervisors & managers only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working relationship with coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work environment/working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/equipment provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate training to perform your job efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of recognition provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL as a place to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Please read and/or respond to the following SEVEN questions.

1. How do you view your job? (e.g., likes and dislikes, opportunity for challenge, initiative and responsibility, recognition and achievement)

2. What improvements can we make as a team/unit/office?

3. What is your view of management practices? (e.g., quality of communication, competence, assistance and guidance)

4. If leaving for a new job, what advantages does it have that are not present here? Would you consider returning to this Agency? If so, under what circumstances?

5. Additional comments.

6. Can we contact you to discuss? Yes or No

7. Contact the Chief Counsel if you experienced discriminatory practices, including sexual harassment and other forms of discriminatory workplace harassment. This includes harassment based on age, race, color, national origin, gender, sexual orientation, disability and marital status which is committed by other employees, supervisors, or members of the public or organizations with which the CUIAB conducts business.

Thank you for your time and cooperation.

INTERVIEWER EVALUATION FORM

Employee Name: (Last, First, MI.)	Job Title:	Years at CUIAB:

Employee's reasons(s) for leaving CUIAB:

As an employee, how do you view your job at CUIAB (i.e., likes/dislikes, opportunity for challenge/responsibility, recognition and achievement)?

What improvements do you think need to be made to improve the team/unit/office?

INTERVIEWER'S COMMENTS

Do you feel this employee left for the reason(s) offered to you? YES NO
If NO, why not?

COMMENTS:

Interviewer's Signature:	Position:	Date:

bcc: Deputy Director Admin