



Eligibility Review Notice

ATTACH PHOTO ID HERE

SSN: _____

Failure to respond to this request and provide the information requested within 14 days of the date that this form originally was mailed to you can result in a denial of benefits.

The purpose of this review is to monitor your continued eligibility for benefits. To be considered timely this form must be received within 14 days of the date that it originally was mailed to you. If you have returned to full-time work, it is not necessary to complete items 1-4.

The date you returned to work: _____
Month Day Year

Employer name and address:

1. Are you currently attending school or a training program approved under one of the following:

Trade Adjustment Assistance (TAA) Workforce Investment Act (WIOA)

If you answered yes to either of these, proceed to line 5 and return the form. You do not need to complete the remainder of this notice.

2. What is the distance (one way) you are willing to commute to work? _____ miles

3. What means of transportation will you use to look for work? _____

4. Is there anything (health problem, dependent care, transportation, school attendance, training (other than indicated in item 1), etc. that would prevent you from immediately accepting full-time work? NO () YES ()

If YES explain _____

5. Attach a copy of photo ID: Acceptable forms to photo identification include a driver's license, passport, or other government-issued identification. Please send this completed form including work search and photo ID to the Division of Employment Security, Intrastate Claims Unit at: Post Office Box 27967 Raleigh, NC 27611; fax to 919.733.1370; or scan and e-mail to des.ui.intrastate@nccommerce.com. Please e-mail des.ui.intrastate@nccommerce.com or call 919.707.1237 with any questions you may have.

6. **Work Search Requirements:** The Employment Security Law, *G.S. 96-14.9(e)*, requires you to be **registered** for work with the Workforce/Employment Service office in the state where you live and **actively seeking** work with a minimum of **five contacts** with potential employers for each week you claim. You must keep a detailed record of your work search activities, which are subject to audit by DES. You should maintain these records for at least five (5) years after you stop filing and return to full-time work. Failure to maintain an adequate and verifiable work search record for any week claimed may result in a **denial**, **delayed** payment, and/or **overpayment** (requiring repayment) of benefits.

Claimant: _____

SSN: XXX - XX - _____

Week # __	Beginning Sunday		and Ending Saturday		
Date of Contact	Company Contacted	Contact Method In person (I) Telephone (T) Fax (F) *Email (E) *Online(O)	Provide one (1) of the following: Physical Address Website Address Phone Number	Position Seeking	Results (Ex. Not Hiring, Submitted Application, Interview, Second Interview, Resume Submitted)

***Attach a copy of confirmation email or confirmation number for any online contacts.**

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