



**North Carolina**  
**Department of Commerce**  
***Division of Employment Security***  
Post Office Box 25903 Raleigh, North Carolina

XXXXXXX, Governor  
XXXXXXX, Secretary

XXXXXXX, Assistant Secretary

October 11, 2018

CLAIMANT NAME  
CLAIMANT MAILING ADDRESS

RE: Additional Information Required

XXX-XX-

Dear Sir or Madam:

Additional information is needed to complete your unemployment insurance claim. Please contact the Customer Call Center within 5 business days or no later than . Our office hours are 8:00 AM to 5:00 PM Eastern Standard Time, Monday through Friday. Failure to contact us within the designated time period could adversely affect your unemployment insurance benefits.

We look forward to serving you.

Sincerely,

Division of Employment Security

CCC 001