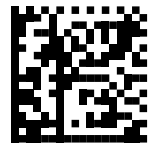




**North Carolina Department of Commerce
Division of Employment Security
Unemployment Insurance**



999999

Conference Notice

Mail Date: January 1, 2001

name
addressLine1
addressLine2
city, state zip
country

Mail Date:	January 1, 2001	Conference Date:	January 1, 2001
Claimant ID:	0	Conference Time:	inPersonTime
Claim Effective Date:	January 1, 2001	Investigator Name:	name
Claimant Phone:	<Claimant Phone No>	Investigator Phone:	phoneNo

An audit of your claim for Unemployment Insurance Benefits by the Division of Employment Security (DES) shows that you may have received benefits to which you were not entitled. The payroll information obtained from the employer(s) listed on the next page indicate that you worked and earned wages from January 1, 2001 through January 1, 2001. You failed to report or your incorrectly reported your earnings to the Division for this period. An itemized listing of payments made to you and earnings reported by the employer is provided on the next page.

IF in Person -

An appointment has been scheduled at the data and time listed above to discuss this matter. The location for the conference is:

Office Name:
Office Address: address1
Office Address:

A listing of all NC Works Career Centers and their telephone numbers may be found online at www.ncworks.gov under Resource & Services. Additional information may be obtained by calling the Division of Workforce Solutions at 919.814.0373.

You are required to provide the Division a copy of your PHOTO IDENTIFICATION at the conference. You may also provide any documents that could have a bearing on the case such as earnings records and/or notarized statement(s) from your witness(es). During the conference, you will be allowed to present witnesses to make a statement on your behalf. However, it is your responsibility for contacting and making these witnesses available for the conference. Witnesses should have direct knowledge of the circumstances involved in this matter. You also have the right to be represented by legal counsel of your own choosing.

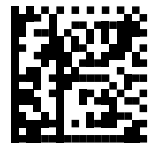
If you fail to participate in the conference, a determination will be made based solely on the information listed on the next page. The estimated amount of your overpayment is \$0.00.

If you have questions, contact the fraud investigator listed above.

If by Telephone

Help us prevent UI Fraud by responding timely and accurately to requests for information

**North Carolina Department of Commerce
Division of Employment Security
Unemployment Insurance**



999999

A telephone conference with an investigator from the Division has been scheduled to discuss this matter. Prior to the conference date listed above, you are required to provide the Division with copy of your PHOTO IDENTIFICATION. You may also include any documents that could have a bearing on the case such as earnings records and/or notarized statement(s) from your witness(es). During the conference, you will be allowed to present witnesses to make a statement on your behalf. However, it is your responsibility for contacting and making these witnesses available for the conference. Witnesses should have direct knowledge of the circumstances involved in this matter. You also have the right to be represented by legal counsel of your own choosing.

If you fail to participate in the conference, a determination will be made based solely on the information listed on the next page. The estimated amount of your overpayment is \$0.00.

Please review the claimant telephone number listed above as this is the number that will be used to reach you for the conference. If you cannot be reached on this number, you can update it at the Division's website or call the investigator telephone number listed above.

If you have questions, contact the fraud investigator listed above.

System Variables

CL Block, firstName middleInitial lastName suffix addressLine1 addressLine2 city state zip

Local Office, localOfficeNumber

Period Investigated From- To, January 1, 2001 - January 1, 2001

Estimated OP amount, \$0.00

Conference type(In person/Telephone) UNKNOWN

In Person- Address, Date, Time address1, 01/01/2001, inPersonTime

Telephone - Call Investigator by Date. 01/01/2001

User Variables

Period Investigate From (TB) - To(TB), 01/01/2001 - 01/01/2001

Conference Type (DL): In Person, Telephone, UNKNOWN

In Person - Address (TB), Date (TB), Time(TB) address1, 01/01/2001, inPersonTime

**North Carolina Department of Commerce
Division of Employment Security
Unemployment Insurance**

999999

Name: firstName middleInitial lastName suffix
 SSN: XXX-XX-1234
 Claimant ID: 0

Employer: name

The weeks involved in this audit are as follows:

Week Ending Date	Your Reported Earnings	Employer Reported Earnings	Employer Name or Cause	Benefits Paid	Benefits Actually Due	Amount Overpaid
01/01/2001	\$0.00	\$0.00	employersName	\$0.00	\$0.00	\$0.00
Totals				\$0.00	\$0.00	\$0.00

Help us prevent UI Fraud by responding timely and accurately to requests for information

