



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



**Employer Name
Attn:
Address**

Dear :

Our agency has received a claim for unemployment insurance benefits that appears to have been filed due to a labor dispute. Division of Employment Security Rules require us to notify you of the claim and request information necessary to determine whether said unemployment exists due to a labor dispute.

Please provide the following information to our office within five (5) business days:

- 1. A list of names, social security numbers, and complete mailing addresses for all employees affected by the labor dispute;**
- 2. The first day of unemployment for affected employees;**
- 3. The reason for the labor dispute;**
- 4. The place where the dispute is (or was) in progress;**
- 5. The name, address, and telephone number of the employer and employer representative; and**
- 6. The name, address, and telephone number of the employee representative or bargaining agent (union, local number, etc.), if any, and the name, address, and telephone number of the bargaining agent's representative.**

If you have questions regarding this letter, please contact me at 000. 000. 0000.

Sincerely,

**Name
Assistant Director for UI Benefits**

**Please upload completed form to your Claimant Self Service Portal at www.ncesc.com
Or**

Mail or fax completed form to: Post Office Box 25903
Raleigh, NC 27611-5903
Fax Number 919.715.7642

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