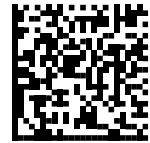


North Carolina Department of Commerce Division of Employment Security Unemployment Insurance



INTERSTATE REQUEST FOR RECONSIDERATION OF MONETARY DETERMINATION/WAGE CREDITS

1. CLAIMANT'S NAME (First, Middle, Last)	2. SOCIAL SECURITY NUMBER <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; text-align: center;">X</td> <td style="border: 1px solid black; width: 25px; text-align: center;">X</td> <td style="border: 1px solid black; width: 25px; text-align: center;">X</td> <td style="border: 1px solid black; width: 25px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; text-align: center;">X</td> <td style="border: 1px solid black; width: 25px; text-align: center;">X</td> <td style="border: 1px solid black; width: 25px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px;"></td> <td style="border: 1px solid black; width: 25px;"></td> <td style="border: 1px solid black; width: 25px;"></td> <td style="border: 1px solid black; width: 25px;"></td> </tr> </table>	X	X	X	-	X	X	-				
X	X	X	-	X	X	-						
NAME WORKED UNDER (if different)	OTHER SOCIAL SECURITY NUMBER (if any) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; text-align: center;">X</td> <td style="border: 1px solid black; width: 25px; text-align: center;">X</td> <td style="border: 1px solid black; width: 25px; text-align: center;">X</td> <td style="border: 1px solid black; width: 25px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; text-align: center;">X</td> <td style="border: 1px solid black; width: 25px; text-align: center;">X</td> <td style="border: 1px solid black; width: 25px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px;"></td> <td style="border: 1px solid black; width: 25px;"></td> <td style="border: 1px solid black; width: 25px;"></td> <td style="border: 1px solid black; width: 25px;"></td> </tr> </table>	X	X	X	-	X	X	-				
X	X	X	-	X	X	-						
3. LOCAL MAILING ADDRESS (No., Street or Rte., City, State, ZIP Code)	4. LIABLE STATE											
	5. TRANSFERRING STATE											
	6. TELEPHONE NO. (Include Area Code) ()											
7. <input type="checkbox"/> I request reconsideration of my weeks/wages transferred (IB-4) <input type="checkbox"/> I request reconsideration of my monetary determination dated _____ Reasons:												

8. Complete the following if you disagree with the determined amount of base period wages/weeks:

BASE PERIOD QUARTER ENDING	WAGES	WEEKS	EMPLOYER NAME	DATES WORKED	
				FROM	THROUGH
Mar. 31, 20__					
Jun. 30, 20__					
Sept. 30, 20__					
Dec. 31, 20__					

9. *Complete the following for any base period employer not listed on the determination:

Employer's Name:	DATES WORKED		GROSS WAGES REQUESTED
	FROM	THROUGH	
ADDRESS (No., Street or Rte., City, State, ZIP Code)	TYPE OF WORK PERFORMED		\$
PAYROLL ADDRESS (if different)	WORK SITE (City, State)		

NOTE: ATTACH SUPPORTING DOCUMENTS, SUCH AS CHECK STUBS, W-2, ETC., IF #8 OR 9 IS COMPLETED.

10. The above facts are true to the best of my knowledge and belief.	CLAIMANT'S SIGNATURE			
11. I certify that I have verified the claimant's social security number.	CLAIMSTAKER'S SIGNATURE			
Mail or Fax to: Post Office Box 25903 Raleigh, NC 27611-5903 Fax Number (919) XXX-XXXX	12. DATE REQUEST FILED	IN PERSON <input type="checkbox"/>	BY MAIL <input type="checkbox"/>	DATE RECEIVED
	DISTRIBUTION: Original and one (1) copy to Liable State/Transferring State Copy to Agent State File Copy to Claimant			

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