

North Carolina Department of Commerce Division of Employment Security Unemployment Insurance



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New Hire Recall Confirmation

JACK T HOOVER 700 Main Street Raleigh, NC 27005 Mail Date: February 24, 2017 Claimant ID: 1234567 Claim effective date: January 1,

2001

The National Directory of New Hires has advised this agency that you began employment with name on January 1, 2001.

You are to be commended on your successful efforts to locate employment. However, our records also indicate that you have continued filing your weekly certifications beyond January 1, 2001. This employer is currently being contacted and asked to provide this agency with information regarding your gross weekly earnings. If you have not already done so, you should immediately discontinue filing your weekly certifications without reporting your gross weekly earnings. Also, your agreement with or denial of this information is necessary. Your response to the questions below is required.

1. Did you repo	ort to work with name?							
•	on what date did you report to work? to answer questions 2 and 3).							
□No (if NO, do not answer 2 and 3, Skip to the Any Other Comments section below and explain why the employer information is incorrect.								
	o report your gross wages for work perforis needed, use a separate sheet of pape		kly internet or telephone certification? If YES, \	Nhy?				
3. Are you still	employed with name?							
□Yes								
□No	If no, what date did you last work?	Date:						
	ed to respond within (7) days of the maili		er. Failure to respond as directed may result required to repay.	t in a				
Any other comr	ments you wish to Make:							
Signature:	Da	ate:	Telephone No.:					
If you have que	estions about this form, please contact th	e New Hire Unit at	919.707.1338.					

Please upload completed form to your Employer Portal at des.nc.gov or Mail/Fax to:

Post Office Box 25903 Raleigh, NC 27611-5903 Fax Number 919.857.1296