



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



NOTICE OF INITIAL CLAIM AND POTENTIAL CHARGES TO YOUR ACCOUNT

EMPLOYER REPORTING NUMBER:

DATE OF NOTICE:

Social Security Number	Claimant's Name	Benefit Year Began	Weekly Benefit Amount	Earnings Allowance	Percent of Total Base Period Wages	Maximum Potential Charges	
				BASE PERIOD WAGES (BY QUARTER)			
		QTR/YR	WAGES PAID	QTR/YR	WAGES PAID		

IMPORTANT NOTICE: To request non-charging, response is required within 15 days. Information and instructions are below.

INSTRUCTIONS: In the space below, enter the reason for claimant's separation from employment. If the claimant quit, enter the reason given by the employee (**if no reason was given, enter a statement to that effect**). If the claimant was discharged, describe the act(s) that resulted in dismissal. If the claimant is still employed, explain employment status, i.e. hours, full-time, part-time, on-call, same as when Base Period Wages were reported. Be sure to enter the last day worked and to check the type of separation. If additional space is needed, use the back of this form.

1. Enter the last day worked (month/day/year): _____
2. Enter a check to identify the reason for your noncharging request: () QUIT () DISCHARGED () STILL EMPLOYED () DISCHARGED WITHIN 100 DAYS FOR INABILITY TO PERFORM AVAILABLE WORK - FIRST DAY WORKED (MMDDYY) _____
3. Enter the reason for separation or explain the claimant's employment status: _____

Signature Title Telephone Number Date

INFORMATION AND INSTRUCTIONS FOR REQUESTING NON-CHARGING

1. DO NOT RETURN THIS FORM **if** you placed this claimant on layoff due to lack of work (whether permanent or temporary). Retain the form for future reference. Charges may be applied to your experience rating account as a result of the layoff.
2. RETURN THIS FORM **if** one of the following conditions of the law (Section 96-11.3) applies:
 - (a) The claimant quit work without good cause attributable to the employer;
 - (b) The claimant was discharged for misconduct connected with the work;
 - (c) The claimant was discharged within the first 100 days of employment for inability to do the work for which he was hired.
 - (d) The claimant is still employed under substantially the same conditions (hours and pay rate) as when the base period wages listed above were reported.
3. If this form is marked REVISED **and** you requested noncharging on the original Form NCUI 551, it is not necessary to complete and return the revised form.
4. If the claimant did not work for you or the Base Period Wages are incorrect, make a note to that effect on the form and return it.
5. If the claimant worked for a former owner of your business and you acquired the experience rating account, you also acquired liability for benefit charges.
6. If you have work for this claimant, make the offer directly to the claimant. If the claimant refuses your offer of work, notify the Employer Call Center at 919.707.1150 or 1.866.278.3822. The following information is needed: Name and your position, your phone number, date of the job offer, date of the refusal, type of work offered, rate of pay offered, hours of work, days of work, job site, reason the claimant gave the employer for refusing the offer of work.

**Please upload completed form to your employer portal at des.nc.gov
OR Mail or Fax to: Post Office Box 25903,**

Raleigh, NC 27611-5903
FAX NUMBER 919.XXX.XXXX