



North Carolina Department of Commerce
Division of Employment Security
Unemployment Insurance



REQUEST FOR ADDITIONAL INFORMATION

1. State Agency Address:

2. Federal Agency Name, 3 Digit Agency Code and Address:

3. Date of Request

4. Effective Date:

5. Separation Date:

6 Claimant's Name (Last, First, Middle Initial)

7. Social Security Number

8 A State Agency Statement or Questions of Federal Agency:

8 B Claimant's Statement

9. Federal Agency Response:

10. Signature of Official

Title

Print Name:

Telephone Number

Date ___/___/___

