



North Carolina Department of Commerce
Division of Employment Security
Unemployment Insurance
 Quality Control Unit



Name
 Address
 Address2
 City, State, Zip

Claimant: SS No.: Batch No.:

Rate of Pay: per

Date Began Work: Last Date Worked:

Payroll W/E Date: Date Workers Paid:

Enter the gross wages earned and the number of hours worked during each calendar claim week.
 Also, enter the payroll period ending date for which the wages were paid.

Claim Week Ending Date	Total Calendar Week Earnings	Total Calendar Week Hours Worked	Payroll Period Ending Date

New Hire Reporting Compliance

Did you add this person to your payroll since _____ ? (byb) No Yes

Did this person work for you in the 12 months prior to the most recent hire date? No Yes

Did you report this person as a new hire to the designated state agency? No Yes

Date the claimant first worked within the period above _____ ?

If you did not report this person as a new hire, did you previously employ this person within the 60 days of the first day worked above? No Yes

What date did you report this person as a new hire?

To what state does your company report new hires?

This Information Is Correct To The Best Of My Knowledge And Belief.

Employer Representative

Date

Title

Employer Telephone No.

Quality Control Investigator

I F T M

QC-32A (Rev. 07/12)

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

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