



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



Date:

UNION AFFILIATION / WORK SEARCH VERIFICATION

Name Address Address2 City, State, Zip

Batch No. _____

Claimant's Name _____ SS No. _____

Union Name and Number _____

Union Address _____

Union Business Agent _____ Key Week Ending Date _____

1. Are members of this union placed in jobs by this local? () No () Yes
2. Is this union the only source of work for the individual named above, or can he / she solicit on their own
() Only Source () Can solicit on own
3. Can this individual accept non-union work? () No () Yes
4. What are your union's reporting requirements? _____

5. Was this individual a paid-up member in good standing during the week ending date above? () No () Yes
If **NO**, how long can a member be in arrears and still be referred? _____

6. Was this individual referred to a job during the week ending date above? () No () Yes
If **YES**, list all referrals made during the key week ending date above.

EMPLOYER	CONTACT NAME	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____

7. During the Key Week ending date above, was the union involved in a labor dispute? () No () Yes
If **YES**, please explain: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

UNION REPRESENTATIVE SIGNATURE / TITLE

DATE

INVESTIGATOR SIGNATURE

DATE

PHONE: 919-707-1430, FAX: 919-857-1205, MAIL TO: PO BOX 25903, RALEIGH NC 27690-8185

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