

North Carolina Department of Commerce Division of Employment Security



Unemployment Insurance Quality Control Unit

Name Address Address2 City, State, Zip

Claimant:

Claimant:	SS	No.:	Batch No	o.:						
Rate of Pay:		_ per								
Date Began Wo	ork:				Last Da	te Worked	l:			
Payroll Ending I	 Date:				Day Wo	orkers Paid	:			
ENTER THE PAY HOURS WORKE PERIOD EARNII	D DURING E	_	_		_		_	OF		
Payroll Period		HOUF	RS WORKED	DURING PA	ROLL PERI	OD		Payroll Period		
Ending Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Earnings		
								\$		
								\$		
								\$		
								\$		
								\$		
								\$		
								\$		
								\$		
								\$ \$		
								\$		
								\$		
New Hire Repo	rting Complia	nce			<u> </u>		-1	ļ¥		
Did you add this person to your payroll since ? (BYB) Yes							No			
								No		
								No		
Date the claima	ant first work	ed within the	e period abov	/e ?						
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?										
Yes			1							
What date did y To what state d										
THE ABOVE SHO	WN INFORM	ATION IS CO	RRECT TO TH	IE BEST OF MY	′ KNOWLED	GE.				
Employer Repre	esentative:									

Title:	Employer Telephone No.: _			
Quality Control Investigator:	Date:			
QC-32C (Rev. 07/12)	ı	F	Т	М

Help us prevent UI Fraud by responding accurately and timely to requests for information

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