

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



Date:

Name Address Address2 City, State, Zip

QC-15 (Rev. 11/11)

## VERIFICATION OF WORK SEARCH CONTACT

Batch No.: Claimant: SS No.: Employer: Address: THE CLAIMANT STATES THAT S/HE SOUGHT WORK WITH YOUR COMPANY IN THE FOLLOWING MANNER: Type of work sought – Date of contact – Applied for work by – Met or spoke with -Result of contact -**EMPLOYER RESPONSE** YES, the claimant did apply as stated above. If YES, was the claimant hired? YES NO, no record or recollection of the work search contact as stated above. OTHER, (explanation) The normal method for obtaining work with the company is by Comments: THE ABOVE SHOWN INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. Employer Representative: Title: Employer Telephone No.: **Quality Control Investigator:** Date:  $\square$ I  $\square$ F  $\square$ T  $\square$ M

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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