



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



Date:

Name Address Address2 City, State, Zip

Batch No.:

SS. No.: XXX-XX-

The recent audit of your claim for unemployment insurance benefits has uncovered an issue(s) regarding your eligibility. The issue(s) involves:

Information is needed from you regarding this matter.

- Please report to the Employment Security Office, _____, _____, NC, at _____ .m. on _____, _____.
- This is to confirm the above appointment made by telephone for the time and date shown above.

When you report, please bring with you:

1. This letter
2. Your Work Search Record (Form 506E)

IT IS EXTREMELY IMPORTANT THAT YOU KEEP THIS APPOINTMENT. FAILURE TO REPORT AS DIRECTED AND PROVIDE YOUR UP-TO-DATE WORK SEARCH RECORD WITHIN 10 DAYS WILL ADVERSELY AFFECT YOUR ELIGIBILITY FOR UNEMPLOYMENT INSURANCE BENEFITS.

If you cannot possibly keep this appointment, please immediately contact me at the telephone number shown below or contact the _____ Employment Security office at telephone number _____ and leave a message with _____.

Quality Control Investigator
 Telephone No. 919-707-_____, Fax: _____
Mail To: PO Box 25903, Raleigh, NC 27690-8185