

North Carolina Department of Commerce Division of Employment Security Unemployment Insurance



Date

Name Address City State Zip Code

Dear Mr. XXXX

We have made several attempts to contact your employer for the information needed to process your request for proration of blank quarter of year. We have been unsuccessful in obtaining this information. No further action will be taken, unless additional information becomes available or you are able to provide us with sufficient information regarding the lump sum payment.

If you have any questions or need further assistance, please contact blank at xxx xxx-xxxx.