



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



**Eligibility Review Notice**

ATTACH PHOTO ID HERE

**Mailed Date: 03/28/2016  
SSN:**

**Failure to respond to this request and provide the information requested 4/11/2016 can result in a denial of benefits.**

The purpose of this review is to monitor your continued eligibility for benefits. To be considered timely this form must be received by 04/11/2016. If you have returned to full-time work, it is not necessary to complete items 1-4. The date you returned to work:

Month                      Day                      Year

Employer name and address:

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1. Are you currently attending school or a training program approved under one of the following:  
 Trade Adjustment Assistance (TAA)     Workforce Investment Act (WIOA)

**If you answered yes to either of these, proceed to line 5 and return the form. You do not need to complete the remainder of this notice.**

2. What is the distance (one way) you are will to commute to work? \_\_\_\_\_ miles  
 3. What means of transportation will you use to look for work? \_\_\_\_\_  
 4. Is there anything (health problem, dependent care, transportation, school attendance, training (other than indicated in item1), etc. that would prevent you from immediately accepting full-time work? NO( ) YES( )  
 If YES explain \_\_\_\_\_

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5. Attach a copy of photo ID: Acceptable forms to photo identification include a driver's license, passport, or other government-issued identification.
6. **Work Search Requirements:** The Employment Security Law. G.S.96-149(e), requires you to be **registered** for work with the state Workforce or Employment Service office in the state where you live and **actively seeking** work with a minimum of **five contacts** with potential employers for each week you claim. You must keep a detailed record of your work search activities, which are subject to audit by Department Employment Security. You should maintain these records for at least five (5) years after you stop filing and return to full-time work. Failure to maintain an adequate and verifiable work search record for any week claimed may result in a **denial, delayed** payment, and/or **overpayment** (requiring repayment) of benefits.

**Please upload completed form to your Claimant Self Service Portal at [des.nc.gov](http://des.nc.gov) Or  
Mail or fax completed form to:**

Post Office Box 27967  
Raleigh, NC 27611-5903  
Fax Number 919.733.1370

# Work Search Records

## Approved Contact Methods: In Person, Resume, Internet, Fax, Telephone, Union and Email.

<b>Week 1</b>	<b>Beginning Sunday</b>	<b>and Ending Saturday</b>	
<input type="checkbox"/> I did not seek work during this week because:			
Dates of Contacts	Employer's Name: Address, Website, E-mail Address or Name & Title of Person Contacted	Contact Method	Position Applied For

<b>Week 2</b>	<b>Beginning Sunday</b>	<b>and Ending Saturday</b>	
<input type="checkbox"/> I did not seek work during this week because:			
Dates of Contacts	Employer's Name: Address, Website, E-mail Address or Name & Title of Person Contacted	Contact Method	Position Applied For

<b>Week 3</b>	<b>Beginning Sunday</b>	<b>and Ending Saturday</b>	
<input type="checkbox"/> I did not seek work during this week because:			
Dates of Contacts	Employer's Name: Address, Website, E-mail Address or Name & Title of Person Contacted	Contact Method	Position Applied For

I do solemnly affirm under penalty of perjury, that I am the person named herein, and that the information that I have provided, including proof of identification and the work search record, is true, correct, and complete to the best of my knowledge. I further understand that there are severe criminal and civil penalties for providing false statements and/or willfully misrepresenting any information to increase or receive unemployment insurance benefits, and that any information I have provided is subject to verification.

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_