

NOTICE TO EMPLOYEES

EMPLOYER REGISTRATION NUMBER



EMPLOYEES OF THIS FIRM ARE COVERED BY THE NEW YORK STATE UNEMPLOYMENT INSURANCE LAW.

NO DEDUCTIONS FROM WAGES MAY BE MADE FOR THIS PURPOSE.

IF YOU ARE LAID OFF, WORK LESS THAN FOUR DAYS A WEEK, OR RESIGN, GET A "RECORD OF EMPLOYMENT" FORM FROM YOUR EMPLOYER. KEEP THIS FORM.

RECORD OF EMPLOYMENT FORMS REQUIRED BY REGULATION WILL CONTAIN YOUR EMPLOYER'S NAME, REGISTRATION NUMBER AND ADDRESS WHERE PAYROLL RECORDS ARE KEPT.

IF YOU WISH TO FILE AN APPLICATION FOR UNEMPLOYMENT INSURANCE

CONTACT THE NEAREST DEPARTMENT OF LABOR OFFICE THAT PROVIDES UNEMPLOYMENT INSURANCE SERVICES, REGISTER FOR WORK AND FILE FOR BENEFITS. (SEE DEPARTMENT OF LABOR, UNEMPLOYMENT INSURANCE DIVISION, IN THE STATE OFFICES SECTION OF YOUR LOCAL TELEPHONE DIRECTORY.)

Handwritten signature of James J. McGowan in black ink.

JAMES J. MCGOWAN
COMMISSIONER OF LABOR

Handwritten signature of Thomas L. Malone in black ink.

THOMAS L. MALONE, DIRECTOR
UNEMPLOYMENT INSURANCE DIVISION

TO EMPLOYER: POST CONSPICUOUSLY IN EACH WORKPLACE.