

REQUEST FOR WAGE HISTORY AND BENEFIT PAYMENT HISTORY

SEND TO:

**North Carolina Department of Commerce
Division of Employment Security
ATTN: Legal Department
P.O. Box 25903
Raleigh, NC 27611**

Enclosed is my check/money order in the amount of \$15. Please provide the following:

- 1) Benefit Payment History for the last 12 months
- 2) Wage History File for the last 12 months

Full name _____

Address _____

Telephone _____

Social Security # _____

Date of Birth _____

Signature

Date

**Please fax a copy of these reports directly to West Caldwell Health Council Inc.,
Attn: Outreach Coordinator
Fax # (828) 754-2418**