

Notice to Employees

Employer Legal Name: _____

Address: _____

Employer Registration (ER) #: _____

Employees of this firm: you are covered by the New York State Unemployment Insurance Law.

- Your employer may not deduct from your wages 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 it for your records to use if you file for Unemployment Insurance benefits.**
 - The “Record of Employment” form must have your employer’s name, registration number, and address where payroll records are kept.
- **To file an application for Unemployment Insurance:**
 - Call the Telephone Claims Center at (888) 209-8124 (translation services are available) or
 - Go to our website at www.labor.ny.gov
 - Hearing impaired individuals who have telephone Device for the Deaf (TTY/TDD) equipment may file a claim by calling a relay operator at (800) 662-1220 and requesting the operator call (888) 783-1370. Service at this number is provided only to callers using TDD equipment.

To Employer: You must post this poster conspicuously in each workplace.

Employers who utilize the fill-in version of this poster certify to the completeness and accuracy of the legal name, address and Employer Registration # displayed. For additional posters, write to the: New York State Department of Labor, Liability and Determination Section, Harriman State Office Campus, Albany, NY 12226.