NEW YORK STATE
DEPARTMENT OF LABOR

UNEMPLOYMENT INSURANCE
DIVISION

NOTICE TO EMPLOYEES

EMPLOYER REGISTRATION NUMBER

4-99 ER# 45-28464
ARCON ELECTRIC LLC
8 RAILROAD AVE
ALBANY NY 12205-5900

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

CALL THE TELEPHONE CLAIMS CENTER AT 1-888-209-8124 (TRANSLATION SERVICES ARE AVAILABLE) OR ACCESS OUR WEB SITE AT ***WWW.LABOR.STATE.NY.US***

HEARING IMPAIRED INDIVIDUALS, WHO HAVE TELEPHONE DEVICE FOR THE DEAF (TTY/TDD) EQUIPMENT, MAY FILE A CLAIM BY CALLING A RELAY OPERATOR AT 1-800-662-1220 AND REQUESTING THE OPERATOR TO CALL 1-888-783-1370. SERVICE AT THIS NUMBER WILL ONLY BE PROVIDED TO CALLERS USING TDD EQUIPMENT.

Margaret M Moree

MARGARET M. MOREE
DEPUTY COMMISSIONER
FOR FEDERAL PROGRAMS

TO EMPLOYER: POST CONSPICUOUSLY IN EACH WORKPLACE. FOR ADDITIONAL POSTERS WRITE TO: **N.Y.S. DEPARTMENT OF LABOR
LIABILITY AND DETERMINATION SECTION
HARRIMAN STATE OFFICE CAMPUS
ALBANY, NY 12240**

IA 133 (2-07)

Equal Opportunity Employer/Program - Auxiliary aids and services are available upon request to individuals with disabilities.