

**NEW YORK STATE  
DEPARTMENT OF LABOR**

**UNEMPLOYMENT INSURANCE  
DIVISION**

**NOTICE TO EMPLOYEES**

EMPLOYER REGISTRATION NUMBER

1-93 ER# 04-58396 9  
RESEARCH FOUNDATION OF THE  
CITY UNIVERSITY OF NEW YORK  
C/O NATIONAL EMPLOYERS COUNCIL  
PO BOX 4816  
SYRACUSE NY 13221-4816

**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](http://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.

  
LINDA ANGELLO  
COMMISSIONER OF LABOR

  
ROBERT DAVISON, DIRECTOR  
UNEMPLOYMENT INSURANCE DIVISION

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

LA 133 (4-04)

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