

**NEW YORK STATE  
DEPARTMENT OF LABOR**

**UNEMPLOYMENT INSURANCE  
DIVISION**

**NOTICE TO EMPLOYERS**

EMPLOYER REGISTRATION NUMBER

1-78 ER# 04-63464 1  
HADLEY LUZERNE CENTRAL  
SCHOOL DISTRICT 1  
ATTN MARILYN M VALLA  
PO BOX 200  
LAKE LUZERNE NY 12846-0200

**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 Angelillo*  
LINDA ANGELLO  
COMMISSIONER OF LABOR

*Thomas L. Malone*  
THOMAS L. MALONE, 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