

NEW YORK STATE  
DEPARTMENT OF LABOR

UNEMPLOYMENT INSURANCE  
DIVISION

**NOTICE TO EMPLOYEES**

EMPLOYER REGISTRATION NUMBER

1-40 ER# 60-30047 6  
WATERTOWN SAVINGS BANK  
111 CLINTON ST  
WATERTOWN NY 13601-3650

**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.

*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