ERC

REV. 3-23

**EMPLOYER’S REPORT OF CHANGE**

**WORKFORCE WEST VIRGINIA  
UNEMPLOYMENT COMPENSATION DIVISION**

**Name: Click or tap here to enter text.**

**Title: Click or tap here to enter text.   
Phone Number: Click or tap here to enter text.**

**Email Address: Click or tap here to enter text.  
Company Name: Click or tap here to enter text.**

**FEIN: Click or tap here to enter text.  
Employer Account Number: Click or tap here to enter text.**

***Please select all changes that apply*:**

**Company Name Change**

**Information Change**

**Address, Phone, or Email Change**

**Close or Inactivate Account**

**Reactivate Account**

**Other**

**Detailed Description of Requested Change Click or tap here to enter text.**

**I certify that the above information is true and correct**

**Signature**

**Date**

