INITIAL LISTING OF NONAPPROPRIATED FUND For use of this form, see AR 215-3; the proponent age	DATE (YYYYMMDD)		REQUIREMENT CONTROL SYMBOL LABOR-1006		
TO: (Employment Security Agency) (Address & ZIP Code)		FROM: (Include ZIP Code)			
In accordance with the reque listed below are the nonappro	est of the Bureau of opriated fund instru	Employment Secu mentalities operate	urity of the US Departme	nt of Labor, your state.	
NAME, ADDRESS, & ZIP CODE OF EACH FUND $\it a$	MAJOR ACTIVITY OF FUND b		ADDRES	ADDRESS AND ZIP CODE OF RESPONSIBLE MONITORING AGENCY	
TYPED NAME AND TITLE OF AUTHENTICATING OFFICER		SIGNATURE	4		