



RECORD OF CONTACTS MADE FOR WORK

Record the contacts you made to obtain work that you reported on your continued claims. Please give this information to the interviewer during your Eligibility Review Interview or as requested. Your "Record of Contacts Made for Work" is subject to verification by the Unemployment Insurance Division.

Claimant's name	Social security number
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Please provide the information requested or circle the appropriate response.

Date of contact	Employer's name, address & phone number	Method of contact	Name of person contacted	Position applied for	Applica-tion filed?	Result of contact for work
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					

OVER - CONTINUE YOUR RECORD OF JOB CONTACTS ON THE BACK OF THIS FORM

RECORD OF CONTACTS MADE FOR WORK - CONTINUED

Please provide the information requested or circle the appropriate response.

Date of contact	Employer's name, address & phone number	Method of contact	Name of person contacted	Position applied for	Applica- tion filed?	Result of contact for work
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					
	Name	Telephone Internet In person Résumé			Yes	
	Address				No	
	Phone					

I certify this information is true and correct to the best of my knowledge. I am aware the law provides penalties for false statements made for the purpose of obtaining benefits.

Claimant's signature _____ Date _____