JOB SEARCH CONTACT LOG

Participant Name: ____________________ Case Number: ______________ Worker Name: ____________________ Worker Phone: ______________

☐ I agree to meet with my worker and provide this form on: Date: ____________ Time: ________ Location: ______________________________

Employer Contacts and Job Search Activities

Date	Start Time	End Time	Hours	Employer Name and Address	Phone or Website	Contact Person	Result	
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:
							☐ Submitted Application ☐ Interview ☐ Job Offer	☐Other:

Total Hours: ________ Report Month: ________

If you are unable to complete your required activity, please provide the following: The date, reason, and verification for each occurrence.

Date	Reason Unable to Attend	Date	Reason Unable to Attend

Participant Signature: ______________________________ Phone: ______________ Date: ____________

Verified by: ______________________________ Title: ______________ Phone: ______________ Date: ____________

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