



Work Search Record

Claimant Information:

Last Name: _____ First Name: _____ MI: _____
 ID or SSN: _____

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

Instructions: Please use this form to keep a record of the work search efforts you made. Be sure that all requested information is provided. Failure to do so may result in a denial of benefits. If you need additional pages, contact your local office or duplicate this form.

Important Notice: Keep Your Work Search Records

A determination that you were actively seeking work during a week being claimed is subject to reconsideration despite the fact that you have been paid benefits or returned to work. In order to preserve evidence that you were actively seeking work, do not discard your written work search record for any week being claimed until 53 weeks have passed from the end of that week. Further, if there is an appeal pending regarding your active work search for a week, keep your written work search record until there has been a final resolution of the matter.

<i>Week Ending</i>					
Contact Date	Name & Address of Contact	Person Contacted	Method of Contact	Type of Work Sought	Results

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ID/SSN:

Name:

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