

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
							<input type="checkbox"/> Submitted Application <input type="checkbox"/> Interview <input type="checkbox"/> Job Offer <input type="checkbox"/> Other: _____
							<input type="checkbox"/> Submitted Application <input type="checkbox"/> Interview <input type="checkbox"/> Job Offer <input type="checkbox"/> Other: _____
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							<input type="checkbox"/> Submitted Application <input type="checkbox"/> Interview <input type="checkbox"/> Job Offer <input type="checkbox"/> 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: _____ Date: _____
 Verified by: _____ Title: _____ Phone: _____ Date: _____
 06-117 DSS (12/08)