

EMPLOYER CONTACT RECORD

Name: _____ **Case #** _____ **Number of contacts due:** _____
Case worker: _____ **Telephone #:** _____ **Due date of contact record:** _____

This form is to be used to keep track of your job search contacts. You must report the time you spend filling out applications, dropping off applications, doing interviews and applying for jobs on-line or by fax. Your contacts will be verified by your case worker. Be sure to provide accurate information so you get credit for your effort. Please attach a confirmation sheet for each on-line application and a transmission sheet for each fax application. Keep track of your mileage or let your worker know if you are using public transportation. Call your case worker if you need additional information or support services. You must let your worker know if you are offered a job or if you accept a job. Return this by the due date above.

Contact Date	Employer Name, Address, Full Name of Contact Person and Phone #	Type of application: Fax, on-line, drop off, in person: documents attached	Time spent on application	Travel time	Interview Yes /No		AGENCY USE ONLY: Date verified and comments	
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Read, sign and date this form to complete your report.

I understand that failure to complete work search requirements without good cause shall result in termination of food assistance benefits and/or cash benefits for myself and/or my entire household. My signature below certifies that the information on this form is complete and correct to the best of my knowledge.

Signature	Date
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