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:
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							☐ 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: _____