

EXTENDED BENEFITS JOB CONTACTS LOG

Name: _____

SSN: _____

Week Claimed: _____

BYQ: _____



IMPORTANT: Failure to keep an accurate record of your job contacts may cause a denial of benefits. You will be required to produce this record of job contacts for each week you claim extended benefits.

Date of Contact (MM, DD, YY)	Name of Prospective Employer Address and Telephone Number	Method of Contact (In person, Phone, Mail, Fax, etc.)	Person Contacted (Name and Position)	Position Sought	Results (Not Hiring, Pending, Hired, Etc.)	Application or Resume left with the Prospective Employer?

CERTIFICATION: I CERTIFY THAT THE ANSWERS GIVEN ABOVE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AM NOT CLAIMING OR RECEIVING ANY BENEFITS FROM ANOTHER UNEMPLOYMENT PROGRAM FOR THE ABOVE WEEK. I AM AWARE I MAY BE PENALIZED FOR GIVING FALSE ANSWERS AND FOR WITHHOLDING INFORMATION.

CLAIMANT'S SIGNATURE

DATE SUBMITTED