



WORK SEARCH LOG

NAME: _____

LAST FOUR OF SSN: _____

**YOU ARE REQUIRED TO MAINTAIN AN ACTIVE LOG FOR EVERY WEEK YOU CLAIM BENEFITS.
 YOU MAY BE ASKED TO PROVIDE A COPY OF YOUR WORK SEARCH RECORDS AT ANY TIME.
 FAILURE TO DO SO WILL DELAY OR INTERRUPT YOUR UNEMPLOYMENT BENEFITS.**

*****PLEASE COMPLETE THIS FORM IN AS MUCH DETAIL AS POSSIBLE TO ENSURE THAT YOUR WORK SEARCH ACTIVITY
 CAN BE INDEPENDENTLY VERIFIED.*****

1. WEEK BEGINNING SUNDAY ____/____/____ THROUGH SATURDAY ____/____/____					
DATE OF CONTACT	EMPLOYER NAME AND ADDRESS	CONTACT NAME AND TITLE	METHOD OF CONTACT * SEE CODES	POSITION	RESULTS OR FOLLOW-UP ACTION
URL:		Phone:		Job #:	<input type="checkbox"/> Conf Email Rcvd
URL:		Phone:		Job #:	<input type="checkbox"/> Conf Email Rcvd
2. WEEK BEGINNING SUNDAY ____/____/____ THROUGH SATURDAY ____/____/____					
DATE OF CONTACT	EMPLOYER NAME AND ADDRESS	CONTACT NAME AND TITLE	METHOD OF CONTACT * SEE CODES	POSITION	RESULTS OR FOLLOW-UP ACTION
URL:		Phone:		Job #:	<input type="checkbox"/> Conf Email Rcvd
URL:		Phone:		Job #:	<input type="checkbox"/> Conf Email Rcvd

3. WEEK BEGINNING SUNDAY ____/____/____ THROUGH SATURDAY ____/____/____

DATE OF CONTACT	EMPLOYER NAME AND ADDRESS	CONTACT NAME AND TITLE	METHOD OF CONTACT * SEE CODES	POSITION	RESULTS OR FOLLOW-UP ACTION
	URL:	Phone:		Job #:	<input type="checkbox"/> Conf Email Rcvd
	URL:	Phone:		Job #:	<input type="checkbox"/> Conf Email Rcvd

4. WEEK BEGINNING SUNDAY ____/____/____ THROUGH SATURDAY ____/____/____

DATE OF CONTACT	EMPLOYER NAME AND ADDRESS	CONTACT NAME AND TITLE	METHOD OF CONTACT * SEE CODES	POSITION	RESULTS OR FOLLOW-UP ACTION
	URL:	Phone:		Job #:	<input type="checkbox"/> Conf Email Rcvd
	URL:	Phone:		Job #:	<input type="checkbox"/> Conf Email Rcvd

METHOD OF CONTACT

T = TELEPHONE P = IN PERSON R = RESUME A = PAPER APPLICATION I = INTERVIEW N = INTERNET

If requested, return to does.bam@dc.gov or:

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