



OUTSIDE JOB SEARCH CONTACT LOG

Participant : _____ <small>(Print First & Last Name)</small>	Client/Recipient ID: _____	Due Date: _____ Time: _____		
Michigan Works! Name: _____ <small>(Print First & Last Name)</small>				
Week Begin Date (Sunday) : _____ Week End Date (Saturday): _____				
Date	Employer Name & Phone Number	Employer Address or Website Address	Activity (circle one)	Actual Time Spent (check one)

			Interview Application Resume Follow-up Internet Other _____	15 Min 30 Min 45 Min 60 Min If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____

Participant Signature: _____

By signing above, I agree that the information I provided is true to the best of my knowledge.

Total Hours Above: _____

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