



OUTSIDE JOB SEARCH CONTACT LOG

Participant : _____ Client/Recipient ID: _____ <div style="text-align: center; font-size: small;">(First & Last Name)</div>	Due Date: _____ Time: _____
MW! O Name: _____ <div style="text-align: center; font-size: small;">(Please Print)</div>	
Week Begin Date (Sunday) : _____ Week End Date (Saturday): _____	

Date	Mileage (See case manager)	Employer Name & Phone Number	Employer Address or Website Address	Activity (circle one)	Actual Time Spent (check one)
				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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