

Name: \_\_\_\_\_ ID or SSN: \_\_\_\_\_ **Keep this log for your records\***

**Instructions:** Please use dark ink only. Do not send your logs to us unless we ask for them. You must complete a log for each week you claim unemployment benefits. You must have a combined total of three employer contacts or approved job search activities each week. Keep your logs. **\* We may review them any time up to 30 days past the end of your benefit year or up to 30 days after receiving any benefits, whichever is later.** We may call the employers listed to verify that you contacted them for work. Providing false information is fraud that can result in a denial of your unemployment benefits and additional penalties.

You can get more logs at your local WorkSource office or online at [www.esd.wa.gov/job-search-log](http://www.esd.wa.gov/job-search-log). If you apply online or respond to a newspaper ad, please attach a copy of the confirmation notice or ad if available. Refer to your Handbook for Unemployed Workers for further instructions on completing this log.

Contacts and job search activities		Keep this log for your records				
CONTACT 1 Staff use only	<input type="checkbox"/> SKIES Contact date (Mo/Day/Yr) _____  <input type="checkbox"/> Employer contact  OR  <input type="checkbox"/> WorkSource activity	<b>FOR EMPLOYER CONTACT, check one AND list position or type of work applied for:</b> <input type="checkbox"/> Application/résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry  Position: _____  <b>How contacted:</b> <input type="checkbox"/> Online/email <input type="checkbox"/> Fax <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk <input type="checkbox"/> Telephone  <input type="checkbox"/> Other (describe): _____  <b>FOR WORKSOURCE ACTIVITY, briefly describe:</b> _____	<b>If employer contact was in person, by kiosk or by telephone, you MUST complete this section.</b> Employer ..... Telephone ( ..... ) ..... Address ..... City ..... State ..... Name or position of person contacted .....			
	<b>If employer contact was made online, by email, by fax or by newspaper, you MUST complete the appropriate information in this section.</b> Employer name (if provided) ..... Website or email ..... Job reference number ..... If fax, provide the fax number ( ..... ) ..... Newspaper name ..... Publication date .....					
CONTACT 2 Staff use only	<input type="checkbox"/> SKIES Contact date (Mo/Day/Yr) _____  <input type="checkbox"/> Employer contact  OR  <input type="checkbox"/> WorkSource activity	<b>FOR EMPLOYER CONTACT, check one AND list position or type of work applied for:</b> <input type="checkbox"/> Application/ résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry  Position: _____  <b>How contacted:</b> <input type="checkbox"/> Online/email <input type="checkbox"/> Fax <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk <input type="checkbox"/> Telephone  <input type="checkbox"/> Other (describe): _____  <b>FOR WORKSOURCE ACTIVITY, briefly describe:</b> _____	<b>If employer contact was in person, by kiosk or by telephone, you MUST complete this section.</b> Employer ..... Telephone ( ..... ) ..... Address ..... City ..... State ..... Name or position of person contacted .....			
	<b>If employer contact was made online, by email, by fax or by newspaper, you MUST complete the appropriate information in this section.</b> Employer name (if provided) ..... Website or email ..... Job reference number ..... If fax, provide the fax number ( ..... ) ..... Newspaper name ..... Publication date .....					
CONTACT 3 Staff use only	<input type="checkbox"/> SKIES Contact date (Mo/Day/Yr) _____  <input type="checkbox"/> Employer contact  OR  <input type="checkbox"/> WorkSource activity	<b>FOR EMPLOYER CONTACT, check one AND list position or type of work applied for:</b> <input type="checkbox"/> Application/ résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry  Position: _____  <b>How contacted:</b> <input type="checkbox"/> Online/email <input type="checkbox"/> Fax <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk <input type="checkbox"/> Telephone  <input type="checkbox"/> Other (describe): _____  <b>FOR WORKSOURCE ACTIVITY, briefly describe:</b> _____	<b>If employer contact was in person, by kiosk or by telephone, you MUST complete this section.</b> Employer ..... Telephone ( ..... ) ..... Address ..... City ..... State ..... Name or position of person contacted .....			
	<b>If employer contact was made online, by email, by fax or by newspaper, you MUST complete the appropriate information in this section.</b> Employer name (if provided) ..... Website or email ..... Job reference number ..... If fax, provide the fax number ( ..... ) ..... Newspaper name ..... Publication date .....					

For official use only	Week being verified	Entitlement	<input type="checkbox"/> Reschedule	WS office name or #	Claims Center #	Staff initials
-----------------------	---------------------	-------------	-------------------------------------	---------------------	-----------------	----------------

# Job search Log for the week ending (Mo/Day/Yr) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Keep this log for your records\*

Name: \_\_\_\_\_ ID or SSN: \_\_\_\_\_

**Instructions:** Please use dark ink only. Do not send your logs to us unless we ask for them. You must complete a log for each week you claim unemployment benefits. You must have a combined total of three employer contacts or approved job search activities each week. Keep your logs. \* **We may review them any time up to 30 days past the end of your benefit year or up to 30 days after receiving any benefits, whichever is later.** We may call the employers listed to verify that you contacted them for work. Providing false information is fraud that can result in a denial of your unemployment benefits and additional penalties.

Contacts and job search activities		Keep this log for your records	
CONTACT 4 Staff use only	<input type="checkbox"/> SKIES <b>Contact date</b> (Mo/Day/Yr)	<b>FOR EMPLOYER CONTACT, check one AND list position or type of work applied for:</b> <input type="checkbox"/> Application/ résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry  <b>Position:</b> ..... <b>How contacted:</b> <input type="checkbox"/> Online/email <input type="checkbox"/> Fax <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk <input type="checkbox"/> Telephone <input type="checkbox"/> Other (describe): .....  <b>FOR WORKSOURCE ACTIVITY, briefly describe:</b> .....	<b>If employer contact was in person, by kiosk or by telephone, you MUST complete this section.</b> Employer ..... Telephone ( ..... ) ..... Address ..... City ..... State ..... Name or position of person contacted .....  <b>If employer contact was made online, by email, by fax or by newspaper, you MUST complete the appropriate information in this section.</b> Employer name (if provided) ..... Website or email ..... Job reference number ..... If fax, provide the fax number ( ..... ) ..... Newspaper name ..... Publication date .....
	<input type="checkbox"/> SKIES <b>Contact date</b> (Mo/Day/Yr)	<b>FOR EMPLOYER CONTACT, check one AND list position or type of work applied for:</b> <input type="checkbox"/> Application/ résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry  <b>Position:</b> ..... <b>How contacted:</b> <input type="checkbox"/> Online/email <input type="checkbox"/> Fax <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk <input type="checkbox"/> Telephone <input type="checkbox"/> Other (describe): .....  <b>FOR WORKSOURCE ACTIVITY, briefly describe:</b> .....	<b>If employer contact was in person, by kiosk or by telephone, you MUST complete this section.</b> Employer ..... Telephone ( ..... ) ..... Address ..... City ..... State ..... Name or position of person contacted .....  <b>If employer contact was made online, by email, by fax or by newspaper, you MUST complete the appropriate information in this section.</b> Employer name (if provided) ..... Website or email ..... Job reference number ..... If fax, provide the fax number ( ..... ) ..... Newspaper name ..... Publication date .....
CONTACT 6 Staff use only	<input type="checkbox"/> SKIES <b>Contact date</b> (Mo/Day/Yr)	<b>FOR EMPLOYER CONTACT, check one AND list position or type of work applied for:</b> <input type="checkbox"/> Application/ résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry  <b>Position:</b> ..... <b>How contacted:</b> <input type="checkbox"/> Online/email <input type="checkbox"/> Fax <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk <input type="checkbox"/> Telephone <input type="checkbox"/> Other (describe): .....  <b>FOR WORKSOURCE ACTIVITY, briefly describe:</b> .....	<b>If employer contact was in person, by kiosk or by telephone, you MUST complete this section.</b> Employer ..... Telephone ( ..... ) ..... Address ..... City ..... State ..... Name or position of person contacted .....  <b>If employer contact was made online, by email, by fax or by newspaper, you MUST complete the appropriate information in this section.</b> Employer name (if provided) ..... Website or email ..... Job reference number ..... If fax, provide the fax number ( ..... ) ..... Newspaper name ..... Publication date .....
	<input type="checkbox"/> SKIES <b>Contact date</b> (Mo/Day/Yr)	<b>FOR EMPLOYER CONTACT, check one AND list position or type of work applied for:</b> <input type="checkbox"/> Application/ résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry  <b>Position:</b> ..... <b>How contacted:</b> <input type="checkbox"/> Online/email <input type="checkbox"/> Fax <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk <input type="checkbox"/> Telephone <input type="checkbox"/> Other (describe): .....  <b>FOR WORKSOURCE ACTIVITY, briefly describe:</b> .....	<b>If employer contact was in person, by kiosk or by telephone, you MUST complete this section.</b> Employer ..... Telephone ( ..... ) ..... Address ..... City ..... State ..... Name or position of person contacted .....  <b>If employer contact was made online, by email, by fax or by newspaper, you MUST complete the appropriate information in this section.</b> Employer name (if provided) ..... Website or email ..... Job reference number ..... If fax, provide the fax number ( ..... ) ..... Newspaper name ..... Publication date .....

For official use only

Week being verified	Entitlement	<input type="checkbox"/> Reschedule	WS office name or #	Claims Center #	Staff initials
---------------------	-------------	-------------------------------------	---------------------	-----------------	----------------

EMS 10313 CC 7540-032-823 Rev 1/17