

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 60 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. 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 <input type="checkbox"/> SKIES Contact date (Mo/Day/Yr) _____ <input type="checkbox"/> Employer contact OR <input type="checkbox"/> WorkSource activity	FOR EMPLOYER CONTACT, check one AND list position or type of work applied for: <input type="checkbox"/> Application/résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry Position: _____ How contacted: <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): _____ FOR WORKSOURCE ACTIVITY, briefly describe: _____	If employer contact was in person, by kiosk or by telephone, you MUST complete this section. Employer Telephone (.....) Address City State Name or position of person contacted If employer contact was made online, by email, by fax or by newspaper, you MUST complete the appropriate information in this section. 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 <input type="checkbox"/> SKIES Contact date (Mo/Day/Yr) _____ <input type="checkbox"/> Employer contact OR <input type="checkbox"/> WorkSource activity	FOR EMPLOYER CONTACT, check one AND list position or type of work applied for: <input type="checkbox"/> Application/ résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry Position: _____ How contacted: <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): _____ FOR WORKSOURCE ACTIVITY, briefly describe: _____	If employer contact was in person, by kiosk or by telephone, you MUST complete this section. Employer Telephone (.....) Address City State Name or position of person contacted If employer contact was made online, by email, by fax or by newspaper, you MUST complete the appropriate information in this section. 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 <input type="checkbox"/> SKIES Contact date (Mo/Day/Yr) _____ <input type="checkbox"/> Employer contact OR <input type="checkbox"/> WorkSource activity	FOR EMPLOYER CONTACT, check one AND list position or type of work applied for: <input type="checkbox"/> Application/ résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry Position: _____ How contacted: <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): _____ FOR WORKSOURCE ACTIVITY, briefly describe: _____	If employer contact was in person, by kiosk or by telephone, you MUST complete this section. Employer Telephone (.....) Address City State Name or position of person contacted If employer contact was made online, by email, by fax or by newspaper, you MUST complete the appropriate information in this section. 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
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Job-Search Log for the week ending (Mo/Day/Yr) _____ / _____ / _____

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Contacts and job-search activities		Keep this log for your records	
CONTACT 4 Staff use only	<input type="checkbox"/> SKIES Contact date (Mo/Day/Yr) _____ <input type="checkbox"/> Employer contact OR <input type="checkbox"/> WorkSource activity	FOR EMPLOYER CONTACT, check one AND list position or type of work applied for: <input type="checkbox"/> Application/ résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry Position: How contacted: <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):..... FOR WORKSOURCE ACTIVITY, briefly describe:	If employer contact was in person, by kiosk or by telephone, you MUST complete this section. Employer Telephone (.....) Address City State Name or position of person contacted If employer contact was made online, by email, by fax or by newspaper, you MUST complete the appropriate information in this section. Employer name (if provided) Website or email Job reference number If fax, provide the fax number (.....) Newspaper name Publication date
	CONTACT 5 Staff use only	<input type="checkbox"/> SKIES Contact date (Mo/Day/Yr) _____ <input type="checkbox"/> Employer contact OR <input type="checkbox"/> WorkSource activity	FOR EMPLOYER CONTACT, check one AND list position or type of work applied for: <input type="checkbox"/> Application/ résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry Position: How contacted: <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):..... FOR WORKSOURCE ACTIVITY, briefly describe:
CONTACT 6 Staff use only		<input type="checkbox"/> SKIES Contact date (Mo/Day/Yr) _____ <input type="checkbox"/> Employer contact OR <input type="checkbox"/> WorkSource activity	FOR EMPLOYER CONTACT, check one AND list position or type of work applied for: <input type="checkbox"/> Application/ résumé <input type="checkbox"/> Interview <input type="checkbox"/> Inquiry Position: How contacted: <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):..... FOR WORKSOURCE ACTIVITY, briefly describe:

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