Participant name:	SSN:
Week of:	
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MONDAY	
Employer name:	Method of contact: (Check one)
Person Contacted:	? Phone ? Resume
Address:	? In person ? Other
Phone number:	
Application: (YES/NO) Date app turned in:	Date follow up was made:
Employer name:	Method of contact: (Check one)
Person Contacted:	? Phone ? Resume
Address:	? In person ? Other
Phone number:	
Application: (YES/NO) Date app turned in:	Date follow up was made:
Employer name:	Method of contact: (Check one)
Person Contacted:	? Phone ? Resume
Address:	? In person ? Other
Phone number:	
Application: (YES/NO) Date app turned in:	Date follow up was made:
Employer name:	Method of contact: (Check one)
Person Contacted:	? Phone ? Resume
Address:	
Phone number:	
Application: (YES/NO) Date app turned in:	Date follow up was made:

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TUESDAY		
Employer name:	_ Method of contact: ((Check one)
Person Contacted:	? Phone	? Resume
Address:	_ ? In person	? Other
Phone number:		
Application: (YES/NO) Date app turned in:D	ate follow up was ma	de:
Employer name:	_ Method of contact: ((Check one)
Person Contacted:	? Phone	? Resume
Address:	_ ? In person	? Other
Phone number:		
Application: (YES/NO) Date app turned in:D	ate follow up was ma	de:
Employer name:	_ Method of contact: ((Check one)
Person Contacted:	? Phone	? Resume
Address:	_ ? In person	? Other
Phone number:		
Application: (YES/NO) Date app turned in:D	ate follow up was ma	de:
Employer name:	_ Method of contact: ((Check one)
Person Contacted:	? Phone	? Resume
Address:	_ ? In person	? Other
Phone number:		
Application: (YES/NO) Date app turned in:D	ate follow up was ma	de:

<u>WEDNESDAY</u> Employer name: _____ Method of contact: (Check one) Person Contacted: ? Phone ? Resume Address: ? In person ? Other Phone number: Application: (YES/NO) Date app turned in: Date follow up was made: Employer name: _____ Method of contact: (Check one) Person Contacted: ? Phone ? Resume Address:_____ ? In person ? Other____ Phone number: Application: (YES/NO) Date app turned in: Date follow up was made: Employer name: _____ Method of contact: (Check one) Person Contacted: _____ ? Phone ? Resume Address: ? In person ? Other Phone number: Application: (YES/NO) Date app turned in: Date follow up was made: Employer name: _____ Method of contact: (Check one) Person Contacted:____ ? Phone ? Resume Address: ______ ? In person ? Other Phone number: Application: (YES/NO) Date app turned in: Date follow up was made:

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THURSDAY		
Employer name:	_ Method of contact: ((Check one)
Person Contacted:	? Phone	? Resume
Address:	? In person	? Other
Phone number:		
Application: (YES/NO) Date app turned in:D	ate follow up was ma	de:
Employer name:	_ Method of contact: ((Check one)
Person Contacted:	? Phone	? Resume
Address:	? In person	? Other
Phone number:		
Application: (YES/NO) Date app turned in:D	ate follow up was ma	de:
Employer name:	_ Method of contact: ((Check one)
Person Contacted:	? Phone	? Resume
Address:	? In person	? Other
Phone number:		
Application: (YES/NO) Date app turned in:D	ate follow up was ma	de:
Employer name:	_ Method of contact: ((Check one)
Person Contacted:	? Phone	? Resume
Address:	? In person	? Other
Phone number:		
Application: (YES/NO) Date app turned in:D	ate follow up was ma	de:

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FRIDAY	
Employer name:	Method of contact: (Check one)
Person Contacted:	? Phone ? Resume
Address:	? In person ? Other
Phone number:	
Application: (YES/NO) Date app turned in:	_Date follow up was made:
Employer name:	Method of contact: (Check one)
Person Contacted:	? Phone ? Resume
Address:	? In person ? Other
Phone number:	
Application: (YES/NO) Date app turned in:	_Date follow up was made:
Employer name:	Method of contact: (Check one)
Person Contacted:	Phone Resume
Address:	? In person ? Other
Phone number:	
Application: (YES/NO) Date app turned in:	_Date follow up was made:
Employer name:	Method of contact: (Check one)
Person Contacted:	? Phone ? Resume
Address:	? In person ? Other
Phone number:	
Application: (YES/NO) Date app turned in:	_Date follow up was made:
I affirm that all contacts reported on this form have bee Child Support Enforcement Agency (CSEA) may conta applied for work at their establishment. I understand th WORK PROGRAM or to show good cause, may result	ct any or all employers listed on this form to verify that I at failure to cooperate or to participate in the SEEK
Signed:	Date: