STATE OF NEW YORK - WORKERS' COMPENSATION BOARD

CLAIMANT'S RECORD OF JOB SEARCH EFFORTS/CONTACTS

CLAIMANT'S NAME	WCB CASE NO.

This form is to assist you in an independent job search. List all the employers, employment agencies and labor unions you have contacted while receiving workers' compensation benefits. You may be asked to present a list to evaluate your work search efforts at a hearing. If you run out of space on these sheets, you should continue your list on separate sheets of paper. Attach copies of resumes, inquiry letters, email communications and applications completed in connection with these efforts.

Date of Contact	Employer's Name & Address	Method of Contact*	Name and Telephone No. of Person Contacted	Position Applied For	Was Application Taken?	Result of Contact

*** T = Telephone, P = In Person, R = Resume, E = E-mail, L = Letter, A = Employer's Application**

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