

NEW HAMPSHIRE EMPLOYMENT SECURITY WORK SEARCH LOG



BENEFIT ADJUDICATION UNIT

PO BOX 9506

MANCHESTER NH 03108-9506

Your Name _____ Social Security _____

Please Print

PLEASE READ THE FOLLOWING INSTRUCTIONS:

If you have returned to full-time work, please see the "Returned to Work" section at the bottom of this page.

To be eligible for unemployment benefits, you must be actively seeking permanent work which you are qualified to perform. It is your responsibility to keep a daily record of the employers you contact in search of work. The other side of this form will help you keep a record of the employers you contact. If you are claiming benefits for a two-week period, please list your contacts for week one and for week two separately. Use a separate piece of paper to document additional contacts you are unable to list on this form.

Please keep this form until you are asked to provide it. Periodically, you will be asked to report to the local office to review your work search efforts. Bring any work search logs you have collected to the local office when you are asked to report.

Failure to provide an accurate record of your work search efforts and/or failure to report to your local office when directed may result in your being disqualified from receiving benefits. You may also be required to repay any benefits previously paid to you.

Returned to Work: If you have returned to full time work, please complete the information below and send this form to the address above:

Start Work Date: _____

Employer Name: _____

Employer Address: _____

If you have any questions regarding your claim or the use of this form, please call 603-665-1500.

Week one: Week Ending: _____

DATE MO/DA/YR	EMPLOYER(S) CONTACTED Write Employer name and address below.	METHOD OF CONTACT	TYPE OF WORK SOUGHT	RESULTS
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			

Week two: Week ending: _____

Date MO/DA/YR	EMPLOYER(S) CONTACTED Write Employer name and address below.	METHOD OF CONTACT	TYPE OF WORK SOUGHT	RESULTS
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			

Indicate any other activities you did to find employment. List additional contacts on a separate piece of paper.

I HEREBY CERTIFY ALL INFORMATION PROVIDED ON THIS FORM REGARDING MY WORK SEARCH EFFORTS IS TRUE AND ACCURATE.
I UNDERSTAND THERE ARE PENALTIES FOR WILLFULLY PROVIDING FALSE INFORMATION.

Claimant Name (Printed)

Claimant Signature

SSN

Today's Date