



JOB SEARCH TIME SHEET

Participant Name:		Month:
Phone Number:		
Business Name:		Date of Contact:
Phone Number:		
Start Time:	End Time:	Total Time:
<input type="checkbox"/> In person	Business Address:	Contact Name:
<input type="checkbox"/> Online	Website/Email:	Contact Name:
Business Name:		Date of Contact:
Phone Number:		
Start Time:	End Time:	Total Time:
<input type="checkbox"/> In person	Business Address:	Contact Name:
<input type="checkbox"/> Online	Website/Email:	Contact Name:
Business Name:		Date of Contact:
Phone Number:		
Start Time:	End Time:	Total Time:
<input type="checkbox"/> In person	Business Address:	Contact Name:
<input type="checkbox"/> Online	Website/Email:	Contact Name:
Business Name:		Date of Contact:
Phone Number:		
Start Time:	End Time:	Total Time:
<input type="checkbox"/> In person	Business Address:	Contact Name:
<input type="checkbox"/> Online	Website/Email:	Contact Name:
Business Name:		Date of Contact:
Phone Number:		
Start Time:	End Time:	Total Time:
<input type="checkbox"/> In person	Business Address:	Contact Name:
<input type="checkbox"/> Online	Website/Email:	Contact Name:
		Total Time:

By signing, I am stating the previous information is honest and factual. I agree and understand that falsifying information may result in sanction of the program and loss of benefits. My signature below acts as an authorization for "Release of Information" for auditing and verification purposes.

Signature of Participant:		Date:
Signature of Employment Specialist:		Date:
<input type="checkbox"/> Hours verified	Hours Entered:	CODE Entered:
DOS Initials:		Date:
Review Auditing Purposes	<input type="checkbox"/> Hours verified 2nd Verifier Initials:	Date: