

# MFIP/DWP Employment Services Weekly Job Search Activity Log

PARTICIPANT'S NAME
MAXIS CASE NUMBER
EMPLOYMENT COUNSELOR'S NAME

Activity and contacts for the week of:

From Sunday: \_\_\_ / \_\_\_ / \_\_\_ to Saturday: \_\_\_ / \_\_\_ / \_\_\_

Total required job search hours for the week: \_\_\_\_\_

**For office use:**

DATE RECEIVED

**Part One: Record of Job Search Activities** (See back side for **examples** of how to complete this section.)

Date	Time spent	Activity/Position of interest	Employer/Contact information	Purpose of contact	Result

Examples of how to complete job search activity record (page one)

Date	Time spent	Activity/Position of interest	Employer/Contact information	Purpose of contact	Result
6/9	1 1/2 hours	Seasonal park job	Dakota County Parks Department	On-line application	Submitted application-waiting
6/10	2 hours	Drafter	Rockwell Automation - Duluth (218) 555-3000	Job interview	Waiting to hear back
6/10	45 minutes	Check-out cashier	Cub Foods, Apple Valley (952) 555-6060	Applied for job	Scheduled interview with Bob

**Part two: Record of On-Site Job Club and Job Search activities**

Date	Time spent	On-Site Activity
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____

Participant job search certification statement:	
<p><b>I certify that the job search activities and the time I spent on them are true and correct. I understand:</b></p> <ul style="list-style-type: none"> <li>• My Employment Counselor will verify the activities and employment contacts I have listed on this activity log.</li> <li>• I must complete the activities and hourly requirements in my employment plan.</li> <li>• Failure to complete and report these activities and time spent in each activity may result in a sanction.</li> <li>• Providing false information may result in a fraud investigation referral.</li> </ul>	
PARTICIPANT SIGNATURE	DATE

**Important: Participant signature is required above.**

For agency use only:	
	Total Hours
<b>Page one:</b> Regular JS/JRA hours (Sunday through Saturday)	_____
<b>Page two:</b> Additional on-site JS/JRA hours (Sunday through Saturday)	_____
JS/JRA holiday hours	_____
Other excused absence JS/JRA hours	_____
CD/LMH treatment; Rehab services hours (requires separate documentation/verification)	_____
<b>Total JS/JRA hours for the week</b>	_____
<b>Weekly check-in held on:</b> _____ <input type="checkbox"/> In-person <input type="checkbox"/> By phone <input type="checkbox"/> By email <input type="checkbox"/> Other (specify): _____	
<b>Bi-weekly Job Contact verified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No List job contact verified: _____ Method used to verify job contact: <input type="checkbox"/> On-line application receipt <input type="checkbox"/> Copy of application <input type="checkbox"/> Interview with participant <input type="checkbox"/> Business card <input type="checkbox"/> Telephone    Contact phone number: _____ <input type="checkbox"/> Other (specify): _____	
COUNSELOR SIGNATURE	DATE

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພັນກາງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທໂທຕາມເລກໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (10-09)

**This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at 800-627-3529. For Speech-to-Speech, call 877-627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.**