Name (Last, First, Middle):		Employment Security Department washington state  ID or SSN:
INSTRUCTIONS: Please use dark ink only. Do not send your logs to us unless we activities or Other approved activities each week. <b>Keep your job-search log felater.</b> We may verify your Employer contacts, approved WorkSource activities or Other	e ask for them. You must complete a log for each week you claim unemployment benefits or at least 30 days after either the end of your benefit year <sup>1</sup> or when y er approved activities conducted. Providing false information is fraud that can result in a de	s. You must have a combined total of three Employer contacts, approved WorkSource ou receive your last payment on a benefit extension <sup>2</sup> , whichever is nial of your unemployment benefits and additional penalties.
	<u>earch-log</u> . Refer to your Handbook for Unemployed Workers for further instructions on cor	
EMPLOYER CONTACTS AND JOB SEARC	H ACTIVITIES	Keep this log for your records.
CONTACT 1 Contact Date (MM/DD/YYYY):	CONTACT 2 Contact Date (MM/DD/YYYY):	CONTACT 3 Contact Date (MM/DD/YYYY):
What kind of activity did you do? Choose one:  ☐ Employer contact ☐ WorkSource activity ☐ Other activity	What kind of activity did you do? Choose one:  ☐ Employer contact ☐ WorkSource activity ☐ Other activity	What kind of activity did you do? Choose one:  I Employer contact \( \) WorkSource activity \( \) Other activity
If this was an <b>employer contact</b> , please provide the following:  Job title or job reference number:	If this was an <b>employer contact</b> , please provide the following:  Job title or job reference number:	If this was an <b>employer contact</b> , please provide the following:  Job title or job reference number:
Employer or business name:	Employer or business name:	Employer or business name:
How did you make the contact? In-person □Online □By phone □By Email □By mail □Other:	How did you make the contact?  In-person Online By phone By Email By mail Other:	How did you make the contact? In-person Tonline TBy phone By Email By mail Other:
Type of contact (Choose one)	Type of contact (Choose one)	Type of contact (Choose one)
☐ Application/resume ☐ Interview ☐ Inquiry	」 Application/resume 」 Interview 」 Inquiry	☐ Application/resume ☐ Interview ☐ Inquiry
Employer or business contact information:  Address: State:  Website or email address: Phone number:	Employer or business contact information:  Address: State:  Website or email address: Phone number:	Employer or business contact information:  Address: State: State:  Website or email address: Phone number:
If this was an approved <b>WorkSource activity</b> , please provide the following information:  What activity did you complete:	If this was an approved <b>WorkSource activity</b> , please provide the following information:  What activity did you complete:	If this was an approved WorkSource activity, please provide the following information:  What activity did you complete:
What documentation do you have:	What documentation do you have:	What documentation do you have:
Where did you complete this activity? Office name:	Where did you complete this activity? Office name:	Where did you complete this activity? Office name:
City: State:	City: State:	City: State:

What documentation do you have:

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The Employment Security Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are available free of charge. Washington Relay Service: 711 1. Your benefit year is the 52-week period when you can receive unemployment benefits on your claim. It usually begins the Sunday of the week you first apply for benefits.

2. Benefit extensions, when available, let you get additional benefits after you are no longer eligible to receive regular unemployment benefits.