

**Vermont Department of Labor (VDOL)**

**EXTENDED BENEFITS (EB) WORK SEARCH REPORT** Week ending Saturday: \_\_\_\_\_

**You are required to make and keep accurate records of all job contacts. The form can be used to maintain the required information. You are encouraged to maintain this form in your records. DO NOT SEND this form unless requested by VDOL representative.**

**You will be required to provide the following information when you report your job search:**

- Date of Contact
- Employer Name, Address
- Name of Person Contacted
- Telephone number of person contacted or business
- Method of Contact - in person, resume, telephone, on-line, other (*requires details*)
- Results of contact
- Type of work applied for

**Your work search efforts for the week claimed must:**

- Include at least 3 job contacts made during the week
- Have contacts made on at least 2 different days during the week
- 1 of the 3 contacts must be made IN PERSON
- Have more than one method of contact during the week
- Not be repeated during a 5-week period
- Be jobs you are qualified to do and willing to accept

**WARNING:** Failure to make and document work searches or failure to accept suitable work will result in a disqualification, which will remain in effect until you have worked in at least four (4) different calendar weeks and have earned wages equal to six (6) times your weekly benefit amount.

**REMEMBER:** It is your responsibility to keep records supporting your efforts. Validation of work searches **will be** done. For additional copies of this form, go to [www.labor.vermont.gov](http://www.labor.vermont.gov), Unemployment Claimant forms in the Forms and Publications section or call the Claimant Assistance line at 1-877-214-3332.

<b># 1 Contact</b>	Name and Address of Employer Contacted				Name / Title of Person Contacted			
Date of Contact								
					Telephone # of Person Contacted or Company			
a Method of Contact	In-Person	Telephone	Resume Mailed	On-line	Other: (explain)			
Results of Contact:				Type of Work Applied For:				
<b># 2 Contact</b>	Name and Address of Employer Contacted				Name / Title of Person Contacted			
Date of Contact								
					Telephone # of Person Contacted or Company			
a Method of Contact	In-Person	Telephone	Resume Mailed	On-line	Other: (explain)			
Results of Contact:				Type of Work Applied For:				
<b># 3 Contact</b>	Name and Address of Employer Contacted				Name / Title of Person Contacted			
Date of Contact								
					Telephone # of Person Contacted or Company			
a Method of Contact	In-Person	Telephone	Resume Mailed	On-line	Other: (explain)			
Results of Contact:				Type of Work Applied For:				