



W-2 EMPLOYMENT SEARCH TIME SHEET

Please print – Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Customer Name:	Case Number:	Form Due: EVERY TUESDAY BY 5:00P.M.
FEP Name:	FEP Phone Number:	To: MAXIMUS West Central Area 4201 N 27 th Street, 4 th Floor, Milwaukee WI 53216

Assigned Days: Mon. Tues. Wed. Thurs. Fri. *****All Travel Time for interviews must be documented to count towards employment search hours.**

Daily Assigned Hours: _____

DATE/TIME	EMPLOYER INFORMATION	METHOD OF CONTACT	POSITION APPLIED	ACTIVITY DESCRIPTION AND OUTCOME	[STAFF USE ONLY]
DATE: <u>2/19/19</u> DAY: <input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F START TIME: <u>10:15am</u> END TIME: <u>10:36pm</u> TRAVEL TIME FROM PREVIOUS EMPLOYER: _____ TOTAL: <u>21 Min</u>	EMPLOYER NAME: <u>ASCME</u> ADDRESS: <u>6557 N. 76th St Milwaukee, WI 53223</u> PHONE: _____ EMAIL: _____ CONTACT PERSON: _____	WAS THIS CONTACT MADE IN PERSON? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE OF CONTACT: <input checked="" type="checkbox"/> Resume <input checked="" type="checkbox"/> Application <input type="checkbox"/> Interview <input type="checkbox"/> Fax <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Job Fair <input type="checkbox"/> BSU Appt _____ <small>(Staff Initials)</small>	Customer Service	WAS THERE AN INTERVIEW SCHEDULED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, LIST DATE OF INTERVIEW _____ DID THE EMPLOYER GIVE YOU ANY OTHER FEEDBACK OR INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST FEEDBACK AND/OR INFORMATION: _____	VERIFICATION DATE: _____ <input type="checkbox"/> Fax Cover Sheet <input type="checkbox"/> Online Print Out <input type="checkbox"/> Business Card <input type="checkbox"/> Phone Call <input type="checkbox"/> Other _____ OUTCOME: <input type="checkbox"/> VALID <input type="checkbox"/> INVALID INITIALS: _____
DATE: _____ DAY: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F START TIME: _____ END TIME: _____ TRAVEL TIME FROM PREVIOUS EMPLOYER: _____ TOTAL: _____	EMPLOYER NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ CONTACT PERSON: _____	WAS THIS CONTACT MADE IN PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF CONTACT: <input type="checkbox"/> Resume <input type="checkbox"/> Application <input type="checkbox"/> Interview <input type="checkbox"/> Fax <input type="checkbox"/> On-line <input type="checkbox"/> Job Fair <input type="checkbox"/> BSU Appt _____ <small>(Staff Initials)</small>		WAS THERE AN INTERVIEW SCHEDULED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DATE OF INTERVIEW _____ DID THE EMPLOYER GIVE YOU ANY OTHER FEEDBACK OR INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST FEEDBACK AND/OR INFORMATION: _____	VERIFICATION DATE: _____ <input type="checkbox"/> Fax Cover Sheet <input type="checkbox"/> Online Print Out <input type="checkbox"/> Business Card <input type="checkbox"/> Phone Call <input type="checkbox"/> Other _____ OUTCOME: <input type="checkbox"/> VALID <input type="checkbox"/> INVALID INITIALS: _____

EXAMPLE

DATE/TIME	EMPLOYER INFORMATION	METHOD OF CONTACT	POSITION APPLIED	ACTIVITY DESCRIPTION AND OUTCOME	[STAFF USE ONLY]
DATE: _____ DAY: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W TH F START TIME: _____ END TIME: _____ TRAVEL TIME FROM PREVIOUS EMPLOYER: _____ TOTAL: _____	EMPLOYER NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ CONTACT PERSON: _____	WAS THIS CONTACT MADE IN PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF CONTACT: <input type="checkbox"/> Resume <input type="checkbox"/> Application <input type="checkbox"/> Interview <input type="checkbox"/> Fax <input type="checkbox"/> On-line <input type="checkbox"/> Job Fair <input type="checkbox"/> BSU Appt <small>(Staff Initials)</small> <small>Staff Initials)</small>		WAS THERE AN INTERVIEW SCHEDULED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DATE OF INTERVIEW _____ DID THE EMPLOYER GIVE YOU ANY OTHER FEEDBACK OR INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST FEEDBACK AND/OR INFORMATION: _____	VERIFICATION DATE: _____/_____/_____ <input type="checkbox"/> Fax Cover Sheet <input type="checkbox"/> Online Print Out <input type="checkbox"/> Business Card <input type="checkbox"/> Phone Call <input type="checkbox"/> Other _____ OUTCOME: <input type="checkbox"/> VALID <input type="checkbox"/> INVALID INITIALS: _____
DATE: _____ DAY: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W TH F START TIME: _____ END TIME: _____ TRAVEL TIME FROM PREVIOUS EMPLOYER: _____ TOTAL: _____	EMPLOYER NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ CONTACT PERSON: _____	WAS THIS CONTACT MADE IN PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF CONTACT: <input type="checkbox"/> Resume <input type="checkbox"/> Application <input type="checkbox"/> Interview <input type="checkbox"/> Fax <input type="checkbox"/> On-line <input type="checkbox"/> Job Fair <input type="checkbox"/> BSU Appt <small>(Staff Initials)</small> <small>Staff Initials)</small>		WAS THERE AN INTERVIEW SCHEDULED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DATE OF INTERVIEW _____ DID THE EMPLOYER GIVE YOU ANY OTHER FEEDBACK OR INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST FEEDBACK AND/OR INFORMATION: _____	VERIFICATION DATE: _____/_____/_____ <input type="checkbox"/> Fax Cover Sheet <input type="checkbox"/> Online Print Out <input type="checkbox"/> Business Card <input type="checkbox"/> Phone Call <input type="checkbox"/> Other _____ OUTCOME: <input type="checkbox"/> VALID <input type="checkbox"/> INVALID INITIALS: _____
DATE: _____ DAY: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W TH F START TIME: _____ END TIME: _____ TRAVEL TIME FROM PREVIOUS EMPLOYER: _____ TOTAL: _____	EMPLOYER NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ CONTACT PERSON: _____	WAS THIS CONTACT MADE IN PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF CONTACT: <input type="checkbox"/> Resume <input type="checkbox"/> Application <input type="checkbox"/> Interview <input type="checkbox"/> Fax <input type="checkbox"/> On-line <input type="checkbox"/> Job Fair <input type="checkbox"/> BSU Appt <small>(Staff Initials)</small> <small>Staff Initials)</small>		WAS THERE AN INTERVIEW SCHEDULED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DATE OF INTERVIEW _____ DID THE EMPLOYER GIVE YOU ANY OTHER FEEDBACK OR INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST FEEDBACK AND/OR INFORMATION: _____	VERIFICATION DATE: _____/_____/_____ <input type="checkbox"/> Fax Cover Sheet <input type="checkbox"/> Online Print Out <input type="checkbox"/> Business Card <input type="checkbox"/> Phone Call <input type="checkbox"/> Other _____ OUTCOME: <input type="checkbox"/> VALID <input type="checkbox"/> INVALID INITIALS: _____

What I have reported on this form and on any attached documentation is true and accurate. I understand that providing any false information may result in a W-2 payment reduction and/or a Refusal to Participate Sanction and/or an Intentional Program Violation penalty.

Customer Signature

Date Signed

FEP Signature

Date Signed