

## 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)]. Form Due: EVERY TUESDAY BY 5:00P.M. **Customer Name:** Case Number: To: MAXIMUS West Central Area **FEP Name: FEP Phone Number:** 4201 N 27th Street, 4th Floor, Milwaukee WI 53216 Assigned Days: ☐ Mon. ☐ Tues. Wed. ☐ Thurs. \*\*\*All Travel Time for interviews must be documented to count towards employment search hours. **Daily Assigned Hours: METHOD OF POSITION ACTIVITY DESCRIPTION AND** DATE/TIME **EMPLOYER INFORMATION** [STAFF USE ONLY] CONTACT **APPLIED** OUTCOME WAS THERE AN INTERVIEW SCHEDULED? VERIFICATON DATE: EMPLOYER NAME: WAS THIS CONTACT **DATE:** 2/19/19 **Customer Service** MADE IN PERSON? □YES ⊠NO ASCME DAY: | | | | | | | | ☐YES ☐NO M T W TH F ☐ Fax Cover Sheet ADDRESS: \_6557 N. 76th St IF YES. LIST DATE OF INTERVIEW TYPE OF CONTACT: Online Print Out Milwaukee, WI 53223 START TIME: 10:15am ID TI THE MPLOYER GIVE YOU ANY OTHER EDIT OF THE NOTHER INFORMATION? ☐ Business Card □ Resume Application Phone Call END TIME: 10:36pm ☐ Interview ☐ Other PHONE: TRAVEL TIME FROM ☐ Fax ☑ On-line OUTCOME: **PREVIOUS** IF YES, LIST FEEDBACK AND/OR EMAIL: □ VALID ☐ Job Fair EMPLOYER: INFORMATION: (Staff Initials) □ INVALID ☐ BSU Appt TOTAL: 21 Min\_ CONTACT PERSON: INITIALS: EMPLOYER NAME: **WAS THIS CONTACT** WAS THERE AN INTERVIEW SCHEDULED? **VERIFICATION DATE:** DATE: MADE IN PERSON? **□YES** □NO DAY: | | | | | | | ☐YES ☐NO M T W TH F IF YES, LIST DATE OF INTERVIEW ADDRESS: ☐ Fax Cover Sheet Online Print Out TYPE OF CONTACT: START TIME: DID THE EMPLOYER GIVE YOU ANY OTHER ☐ Business Card Resume ☐ Phone Call FEEDBACK OR INFORMATION? END TIME: ☐ Application ☐ Other ☐YES ☐NO PHONE: \_ ☐ Interview Fax TRAVEL TIME FROM IF YES, LIST FEEDBACK AND/OR OUTCOME: On-line **PREVIOUS** □ VALID INFORMATION: ☐ Job Fair □INVALID EMPLOYER: (Staff Initials) ☐ BSU Appt INITIALS: TOTAL: \_\_\_\_ CONTACT PERSON:

## MAXIMUS West Central Office

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