

Record of Employment Contacts

Employee Name _____ Employer _____

Address _____ Insurance Carrier _____

_____ Date of Injury _____

This is a record of the employers contacted by the above-named employee for the week of:

_____ (month / day / year — month / day / year)

Date of Contact	Employer Name and Address	Phone Number	Type of Job	Person Contacted	Result of Contact	Referral Source

You may copy this form for future use in your job search or
you may submit sheets in your own handwriting.

A copy of your record of job search efforts should be forwarded to the workers' compensation insurance carrier or self-insured employer for its review. Be sure to include all the necessary information and make a copy for your own records. Don't forget to indicate your efforts to obtain employment through the Connecticut Job Service and/or other referral sources.