

West Virginia Department of Health and Human Resources

**EMPLOYER CONTACT FORM**

County: \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date	Time of Contact	Employer/Company Name and Telephone Number	Person Contacted	Type of Contact (person/internet/phone)	Interview Yes/No	Position of Interest	Response of Employer	Time Spent Hours/Minutes	Mileage (Round Trip)

**Must be returned by:**

\_\_\_\_\_

I certify that the information reported on this form is accurate. I understand that I must make a separate request to be reimbursed for travel expenses I had when making these potential job contacts.

\_\_\_\_\_

Signature

This log will be reviewed by your Job Coach and/or Case Manager by conducting random follow-up with employers.