

West Virginia Department of Health and Human Resources

EMPLOYER CONTACT FORM

County _____

Name: _____

SSN: _____

Phone: _____

Address: _____

Date	Employer/Company Name and Telephone Number	Person Contacted	Interview Yes/No	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