

South Carolina Department of Social Services
SUPERVISED JOB SEARCH LOG
JOB SEARCH VERIFICATION

Client Name: _____ Case Number: _____ SSN: XXX-XX-_____

Use this form to keep track of your job search. List **every** contact you make with an employer. You have an appointment to review your job search at the time listed below. Bring this completed form with you to the appointment.

Appointment Date: _____ Appointment Time: _____

Case Manager's Signature: _____ Date: _____

Name of Business: _____

Business Address: _____

Contact Type: In-Person Phone Online

If in-person or by phone, name of contact: _____

Telephone: _____ Contact Date: _____

Contact Results: _____

Time to complete contact: _____ hrs. _____ min. Travel time to complete contact: _____ hrs. _____ min.

Name of Business: _____

Business Address: _____

Contact Type: In-Person Phone Online

If in-person or by phone, name of contact: _____

Telephone: _____ Contact Date: _____

Contact Results: _____

Time to complete contact: _____ hrs. _____ min. Travel time to complete contact: _____ hrs. _____ min.

Name of Business: _____

Business Address: _____

Contact Type: In-Person Phone Online

If in-person or by phone, name of contact: _____

Telephone: _____ Contact Date: _____

Contact Results: _____

Time to complete contact: _____ hrs. _____ min. Travel time to complete contact: _____ hrs. _____ min.

Name of Business: _____

Business Address: _____

Contact Type: In-Person Phone Online

If in-person or by phone, name of contact: _____

Telephone: _____ Contact Date: _____

Contact Results: _____

Time to complete contact: _____ hrs. _____ min. Travel time to complete contact: _____ hrs. _____ min.

Name of Business: _____

Business Address: _____

Contact Type: In-Person Phone Online

If in-person or by phone, name of contact: _____

Telephone: _____ Contact Date: _____

Contact Results: _____

Time to complete contact: _____ hrs. _____ min. Travel time to complete contact: _____ hrs. _____ min.

I certify that the information given above is true and correct.

Client's Signature: _____ Date: _____