

Workforce Specialist Name _____

Employer Contact Report

<p>Date: _____</p> <p>Employer: _____</p> <p>Address: _____</p> <p>Phone Number: _____ Email: _____</p> <p>Person Contacted: _____</p> <p>*Type of Contact: Phone Internet In Person</p> <p>Type of work: _____</p> <p>Follow Up Date: _____</p> <p>Results: _____</p>	<p>Date: _____</p> <p>Employer: _____</p> <p>Address: _____</p> <p>Phone Number: _____ Email: _____</p> <p>Person Contacted: _____</p> <p>*Type of Contact: Phone Internet In Person</p> <p>Type of work: _____</p> <p>Follow Up Date: _____</p> <p>Results: _____</p>
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Participant Name _____ SS# (last 4 digits) _____ CBMS# _____

I attest that the above information is complete and accurate. _____

Participant Signature

Date