| Workforce Specialist Name | Workforce | Specialist | Name | | |
|---------------------------|-----------|------------|------|--|--|
|---------------------------|-----------|------------|------|--|--|

Employer Contact Report

| Date: | | | | Date: | | | |
|---|-------|----------|-----------------------|---------------------|-------|----------|---------------|
| Employer: | | | | Employer: | | | |
| Address: | | | | Address: | | | |
| Phone Number: | | Email: | | Phone Number: | | Email: | |
| Person Contacted: | | | | Person Contacted: | | | |
| *Type of Contact: | Phone | Internet | In Person | *Type of Contact: | Phone | Internet | In Person |
| Type of work: | | | | Type of work: | | | |
| Follow Up Date: | | | | Follow Up Date: | | | |
| Results: | | | | Results: | | | |
| Date: | - | | | Date: | | | |
| Employer: | | | | Employer: | | | |
| Address: | | | | Address: | | | |
| Phone Number: | | Email: | | Phone Number: | | Email: | |
| Person Contacted: | | | | Person Contacted: | · | | |
| *Type of Contact: | Phone | Internet | In Person | *Type of Contact: | Phone | Internet | In Person |
| Type of work: | | | | Type of work: | | | |
| Follow Up Date: | | | | Follow Up Date: | | | |
| Results: | | | | Results: | | | |
| Date: | | | | Date: | · | | |
| Employer: | | | | Employer: | | | |
| Address: | | | | Address: | | | |
| Phone Number: | | Email: | | Phone Number: | | Email: | |
| Person Contacted: | | | | Person Contacted: | | | |
| *Type of Contact: | Phone | Internet | In Person | *Type of Contact: | Phone | Internet | In Person |
| Type of work: | | | | Type of work: | | | |
| Follow Up Date: | | | | Follow Up Date: | | | |
| Results: | | | | Results: | | | |
| Date: | | | | Date: | | | |
| Employer: | | | | Employer: | | | |
| Address: | | | | Address: | | | - |
| Phone Number: | | Email: | | Phone Number: | | Email: | |
| Person Contacted: | | | | Person Contacted: | | | |
| *Type of Contact: | Phone | Internet | In Person | *Type of Contact: | Phone | Internet | In Person |
| Type of work: | | | | Type of work: | | | |
| Follow Up Date: | | | | Follow Up Date: | | | |
| Results: | | | | Results: | | | |
| | | | | <u>'</u> | | | |
| Participant Name | | | | SS# (last 4 digits) | | CBMS# | |
| | | | | . , | | | |
| I attest that the above information is complete and accurate. | | | Participant Signature | | Date | | |