AGENCY FOR WORKFORCE INNOVATION

WORK SEARCH RECORD

Name _____ Social Security Number* _____

For Week Beginning:

DATE	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	METHOD OF CONTACT	RESULTS	VERIFIED (for Agency Use)

List additional work search contacts on a separate sheet.

I certify the information included on this report is correct and complete to the best of my knowledge. I understand misrepresentation to obtain benefits to which I am entitled is fraud and subject to prosecution.

Claimant Signature _____ Date _____

***PRIVACY ACT STATEMENT**

Information you provide to this agency is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(g), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the Agency to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Form # AWI-UC20A (Rev. 10/07)