DEPARTMENT OF ECONOMIC OPPORTUNITY WORK SEARCH RECORD

lame	Social Security Number*			
or Week	Beginning:			
DATE	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	METHOD OF CONTACT	RESULTS	VERIFIED (for Agency Use)
st additi	onal work search contacts on a separate	e sheet.		
	ne information included on this report is one information included on this report is to the information to obtain benefits toon.			
Claimant Signature			Date	
ormation vo	*PRIVACY uprovide to this department is voluntary and confidential but	ACT STATEMENT of this required to process	vour claim. Purs	uant to the Internal Revenue Cod

purposes.

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

1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department 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