DETR
Nevada Department of Employment, Training and Rehabilitation

WORK SEARCH RECORD

Date_____ **SSN#**_____

Name_____

List all the employers and labor unions that you have contacted each week while claiming unemployment benefits

You may be asked to send this record to the Telephone Claims Center for evaluation. **Remember,** you must contact several different employers each week in person unless otherwise instructed. **Your work search is subject to verification.**

Failure to provide your work search records when requested may result in a denial of benefits.

Approved methods of contact are: **T** = Telephone, **P** = Person, **R** = Resume, **I** = Internet

Date	Employer's name, contact name & title	Employer Address & Phone number or website address	Type of work	Method/Results

For Official Use Only

_____ Work search verified

_____ Dpt Rep