



Injured worker name	Job search for week of	From	To	Claim number
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**Instructions**

- Use this form when requesting living maintenance compensation.
- BWC requires you to report all earnings, including checks, cash or other remuneration, from any type of work activity or employment, including full-time, part-time, self-employment or commission work.
- You must provide all information requested for each job contact. Failure to complete the form in full could result in reductions in the benefit payable.
- Please attach verifications of Internet contacts to this form.
- Complete this form weekly. You should use more than one form for each week.
- Submit your forms to your field case manager or job placement specialist each week.
- If your employer is self-insured, mail your completed form(s) to your self-insuring employer.

Name of employer			Telephone number ( )
Address	City	State	ZIP code
Description of job for which you applied/obtained		Contact person/title	Date of contact
Method of contact (check all that apply) <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Regular mail <input type="checkbox"/> E-mail/Internet <input type="checkbox"/> Fax <input type="checkbox"/> Submitted resume'		Did you fill out an application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you granted an interview? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments		Result of contact <input type="checkbox"/> Hired <input type="checkbox"/> Not presently hiring <input type="checkbox"/> Will call <input type="checkbox"/> Interview scheduled <input type="checkbox"/> Other	
			Number of miles traveled

Name of employer			Telephone number ( )
Address	City	State	ZIP code
Description of job for which you applied/obtained		Contact person/title	Date of contact
Method of contact (check all that apply) <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Regular mail <input type="checkbox"/> E-mail/Internet <input type="checkbox"/> Fax <input type="checkbox"/> Submitted resume'		Did you fill out an application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you granted an interview? <input type="checkbox"/> Yes <input type="checkbox"/> No
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			Number of miles traveled

**Warning:** I have answered the forgoing questions truthfully and completely. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by BWC or self-insuring employers, or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

**I hereby request payment of living maintenance benefits for the period listed and certify I have contacted each potential employer and the information listed on this job search form is correct to the best of my knowledge.**

Injured worker signature	Date
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<b>OFFICIAL USE ONLY</b>	I have reviewed this information with injured worker	
	Job placement specialist: _____	Date: _____
	Field case manager: _____	Date: _____