UIA 1924
(Rev. 1-07)

RESET FORM

State of Michigan
Department of Labor & Economic Growth
UNEMPLOYMENT INSURANCE AGENCY

Unemployed Worker's Record of Work Search

Authorized by
MCL 421.1, et seq.
Completion of this form may be required for benefit entitlement.

Name:	Social Security Number:

Use this form to record each employer you contacted during each week you are claiming unemployment benefits. Although this information is not requested when claiming each week, your claim may be audited and you may be asked at any time to provide a detailed record of your work search efforts. If you cannot provide this information, you may be penalized and have to pay back the benefits as well as damages of double or four times the amount received through fraud. Keep this record up-to-date. If you have questions regarding this form, contact our Inquiry Line at 1-866-500-0017 (TTY customers use 1-866-366-0004). Please visit our website at **www.michigan.gov/uia.**

DATE OF CONTACT	NAME OF EMPLOYER	EMPLOYER'S ADDRESS	NAME AND TITLE OF PERSON CONTACTED	METHOD OF CONTACT (in person, phone, resume, other)	TYPE OF WORK APPLIED FOR	WAS YOUR APPLICATION TAKEN? Yes or No	RESULT
Sample: July 12, 2004	ACME Tool Supply Co.	7040 Howard, Detroit 49222	Mr. John Doe, Personnel Mgr.	In Person	Toolmaker	Yes	Not Hiring

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DATE OF CONTACT	NAME OF EMPLOYER	EMPLOYER'S ADDRESS	NAME AND TITLE OF PERSON CONTACTED	METHOD OF CONTACT (in person, phone, resume, other)	TYPE OF WORK APPLIED FOR	WAS YOUR APPLICATION TAKEN? Yes or No	RESULT

DLEG is an Equal Opportunity Employer and complies with the Americans with Disabilities Act.