****

|  |
| --- |
| Division of Employment & Training<Local office name> |

**Job Search Activity Verification Form**

**Must complete 10 hours of job search within 5 days in the DET resource room.**

**DET staff person must sign you in and out at each visit.**

|  |  |
| --- | --- |
| Client Name: | Client PID: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Activity** | **Time In** | **Time Out** | **Staff Initials** | **Total Hours** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total Hours |  |