pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS

# WORK SEARCH RECORD

**WORK SEARCH RECORD FOR WEEK BEGINNING SUNDAY _____ THROUGH SATURDAY _____**

To be eligible for UC benefits, complete the work search record below. Refer to your Pennsylvania UC Handbook (Form UCP-1) for complete instructions or open the UC Work Search Requirement Guide.

If you are **working part-time**, and earning more than your Partial Benefit Credit, initial here _____

| | JOB APPLICATIONS/INTERVIEWS | WORK SEARCH ACTIVITY |
|---|---|---|
| **#1** | **Date of Application** _____ **or Date of Interview** _____<br>**Employer** _____<br>**Employer Contact Name** _____<br>**Employer Phone/Email** _____<br>**How did you apply for the job**_____<br>**Results** _____ | **Date of Activity**_____<br>**Type of Activity**<br><br>**Location of Activity**_____<br>**Contact Name** _____<br>**Contact Phone/Email**_____ |
| **#2** | **Date of Application** _____ **or Date of Interview** _____<br>**Employer** _____<br>**Employer Contact Name** _____<br>**Employer Phone/Email** _____<br>**How did you apply for the job**_____<br>**Results** _____ | **Date of Activity**_____<br>**Type of Activity**<br><br>**Location of Activity**_____<br>**Contact Name** _____<br>**Contact Phone/Email**_____ |
| **#3** | **Date of Application** _____ **or Date of Interview** _____<br>**Employer** _____<br>**Employer Contact Name** _____<br>**Employer Phone/Email** _____<br>**How did you apply for the job**_____<br>**Results** _____ | **Date of Activity**_____<br>**Type of Activity**<br><br>**Location of Activity**_____<br>**Contact Name** _____<br>**Contact Phone/Email**_____ |

| EXEMPTION | Employer/Hiring Hall Name | Contact Name | Contact Phone/Email |
|---|---|---|---|
| **Written Date of Recall (attach copy)**_____ | | | |
| **Union Hiring Hall** | | | |

I certify that all information I have provided in this document is correct and complete. I acknowledge that false statements in this document are punishable pursuant to 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

**First Name** _____ **M.I.**___ **Last Name** _____ **Social Security Number XXX-XX-** __ __ __ __ **(last 4 digits)**

**Signature**_____ **Date** _____

A person who knowingly makes a false statement or knowingly withholds information to obtain UC benefits commits a criminal offense under Section 801 of the UC Law, 43 P.S. §871, and may be subject to a fine, imprisonment, restitution and loss of future benefits.