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) or go to **www.uc.pa.gov** for complete instructions or to print additional copies of this form. 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 _____ Employer _____ Employer Contact Name _____ Employer Phone/Email _____ How did you apply for the job _____ Results _____	Date of Activity _____ Type of Activity _____ Location of Activity _____ Contact Name _____ Contact Phone/Email _____
#2	Date of Application _____ or Date of Interview _____ Employer _____ Employer Contact Name _____ Employer Phone/Email _____ How did you apply for the job _____ Results _____	Date of Activity _____ Type of Activity _____ Location of Activity _____ Contact Name _____ Contact Phone/Email _____
#3	Date of Application _____ or Date of Interview _____ Employer _____ Employer Contact Name _____ Employer Phone/Email _____ How did you apply for the job _____ Results _____	Date of Activity _____ Type of Activity _____ Location of Activity _____ Contact Name _____ Contact Phone/Email _____

EXEMPTION	Name of Employer, Union Hiring Hall or Training Program	Contact Name and Phone Number
Written Date of Recall (attach copy)		
Union Hiring Hall		
Reemployment Services & Eligibility Assessment (RESEA) participants		
Shared Work program participants		
Trade Reduction Act participants		

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.

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