



VIRGINIA EMPLOYMENT COMMISSION

SSN:
LOC:
Mail Date:

Your claim for Unemployment Insurance benefits for the week ending _____, was filed using the Automated Voice Response System. We need to have more detailed information about your job contacts for our work search verification process.

PLEASE PROVIDE THE INFORMATION REQUESTED BELOW AND MAIL IT BACK IN THE ENCLOSED ENVELOPE NO LATER THAN _____. FAILURE TO COMPLETE AND RETURN THIS LETTER MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS.

Please provide the requested information concerning your job search for the week of _____ through _____.

Date of Contact	Company Name and Complete Mailing Address	Phone Number	Person Contacted	Type of Position	Result of Contact	Method of Contact
					<input type="checkbox"/> Hired <input type="checkbox"/> Interviewed <input type="checkbox"/> None	<input type="checkbox"/> In-person <input type="checkbox"/> Telephone <input type="checkbox"/> Internet/Email <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax
					<input type="checkbox"/> Hired <input type="checkbox"/> Interviewed <input type="checkbox"/> None	<input type="checkbox"/> In-person <input type="checkbox"/> Telephone <input type="checkbox"/> Internet/Email <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax
					<input type="checkbox"/> Hired <input type="checkbox"/> Interviewed <input type="checkbox"/> None	<input type="checkbox"/> In-person <input type="checkbox"/> Telephone <input type="checkbox"/> Internet/Email <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax

NOTE: If you have no detailed information, check here _____. If no contacts were made, list the reasons on the back of this letter.

If you have any questions concerning this form, please call (866) 832-2363.

Please sign and date below to certify that the statements made above concerning your work search activities are accurate and complete.

I certify that the statements made in connection with this claim are true to the best of my knowledge. I understand that knowingly providing false or misleading information or withholding material information constitutes a Class 1 misdemeanor that could result in a fine, a jail sentence, or both. In addition, I understand that I will be liable for a 15% penalty on any amount of benefits erroneously paid due to my providing false or misleading information to obtain benefits.

Signature _____ Date _____

Please use the enclosed envelope to return this form.

The Virginia Employment Commission is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
Telecommunications Device for the Deaf 1-500-82S-1120