



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

JEFF DONOFRIO
DIRECTOR

Record of Work Search

You can submit details of your work search when reporting for your bi-weekly certifications in your MiWAM account or by submitting this form or in alternative format such as a spreadsheet or hand written on paper, as long as it includes the information required. Below are the instructions to complete the reverse side.

You must look for work by making at least two job contacts per week. Keep a record of the following information:

- **Week Ending Date** - This date is for the week you are claiming. The date starts on Sunday and ends on Saturday. **Write the Saturday date for each week.**
- **Date of Contact** - The date of your work search must fall within the week ending date (Sunday through Saturday) for each week.
- **Name of Employer** - Write the name, if known, of the employer, employment service or agency that was contacted. If the contact was made online and the employer was not specified, enter the name of the search engine or job posting number.
- **Employer Address/Telephone Number/ Website address** - Enter the physical address or location of the position applied for. If the contact was made by telephone, enter the phone number used. If the contact was made online and the address/location is unknown, enter the website address.
- **Method of Contact** - Enter how contact was made (e.g., in person, phone, mail, fax, email, online)

Inform UIA of your Work Search:

- Your work search is due every four weeks.
- Work search contacts can be entered at the time of bi-weekly certification in MiWAM, by using Form UIA 1583, *Record of Work Search*, or an alternative format such as a spreadsheet or hand written on paper, as long as it includes the information required.
- You can submit your work search by fax to 1-517-636-0427, by mail to Unemployment Insurance Agency, Multi Service Center, 9023 Joseph Campau, Hamtramck, MI 48212 or drop it off in person at any UIA Local Office.
- When submitting your work search, include your name and Social Security Number on each page.

Important

- Keep a copy for your records.
- Your work search is subject to audit and verification.
- **Failing to submit** timely and accurate work search forms may prevent payment of your UI benefits.

If your address changes it is important to update it with the Unemployment Insurance Agency.

If you have questions, you may contact us through your MiWAM account or by calling, 1-866-500-0017. For telephone or Local Office hours of operation, visit www.michigan.gov/uia. TTY service is available at 1-866-366-0004.



RECORD OF WORK SEARCH

Date Mailed/Faxed: _____

Enter your Social Security Number

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Name: _____

You must contact a minimum of two employers within each week and report the details for each work search. You can submit your record of work search through your MiWAM account, by fax, by mail or in person to an Unemployment Insurance Local Office. Computer and fax services are available at any Michigan Works! Agency (MWA) Service Centers. **Your search is subject to audit and verification.** Keep a copy for your records. See instructions on front side.

Date of Contact	Name of Employer	Employer Address/ Telephone Number/ Website Address	Method of Contact
<i>Example:</i> First Week Ending Date: <u>7/7/2018</u> (Enter a Saturday date)			
07/02/18	ABC Company	517-555-6789	<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other
07/05/18	XYZ Construction Company	www.xyzconstruct.com	<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Other
First Week Ending Date: _____ (Enter a Saturday date)			
			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other
			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other
Second Week Ending Date: _____ (Enter a Saturday date)			
			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other
			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other

Certification: I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts or conceal material information to reduce or prevent benefits, I may be required to repay benefits, be charged damages and could be subject to criminal prosecution.

Signature _____

Date _____

Telephone Number _____



LEO is an equal opportunity employer/program.