ABAWD/WIOA Supplemental Job Search Activity Record

Complete ALL LINES below to get credit for your ABAWD Job Search - *Print Clearly.*

Attendance for the Month of: _____ Case Number: _____

Name: _____ County: Onondaga

Address: _____

Date	**Activities Completed** *(job prep, resume, job search, interviews, applications, orientations, online workshops, meetings, etc)*	**Employers Contacted**	**Time Spent** *on each activity (Hours/Minutes)*
		TOTAL Hours Spent:	

Participant Certification:

I certify this is an accurate list of all the job search activities I completed for the time listed above.

Signature: _____ Date: _____

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