



Mail or fax this form to:
Unemployment Insurance Agency
P. O. Box 169
Grand Rapids, MI 49501-0169
Fax: 1-517- 636-0427



Weekly Extended Benefits (EB) Record of Work Search

EXAMINER: FILL OUT ADDRESS BOX ON PAGE 2 OF THIS FORM

IMPORTANT: One of the requirements to be eligible for Extended Benefits (EB) is that you must make a systematic and sustained effort to find work for each week you are claiming EB. You must contact a minimum of 3 employers pre week, and report the details and results of your work search efforts to us. You can do this by:

(1) Recording your work search efforts on this form and then mail or fax this form to the address or fax number shown above **BEFORE** you call MARVIN for the two-week period covered by this form, **OR**

(2) If you used MARVIN Online to claim Extended Benefits for the previous two week period, you must report your work search efforts on our web site at <http://www.michigan.gov/uia>.

If you have any questions about this form or EB work search requirements, call us at 1-800-500-0017 (TTY customers use 1-866-366-0004) between 8:00 AM and 4:30 PM (Eastern Time) Monday through Friday. Note: The 4:30 PM time has been extended on a temporary basis to 6:00 PM.

Enter your Social Security number

Name: _____

(Please print clearly and use black ink)

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Date of Contact	Name of Employer	Employer(s) Address	Name and Title of Person Contacted	Method of Contact	Type of work applied for	Result (Application submitted, interview, hiring, not hiring, etc.)
First Week Ending Date: _____						
Second Week Ending Date: _____						

Your Certification: By signing this form, I am reporting my work searches for the week(s) shown above. The information reported on this form is true and correct to the best of my knowledge and belief. Under 18 U.S.C. Section 1001, knowingly and willfully concealing a material fact by any trick, scheme, or device or knowingly making a false statement in connection with this claim is a federal offense, punishable by a fine of not more than \$10,000 or imprisonment for not more than five years, or both.

Signature: _____ Date: _____

Date Mailed _____



* 0 1 5 8 3 0 9 0 6 *

For UIA Use Only

User I.D.: _____ Date: _____

For Mailing – Use En-169

