



Commonwealth of the Northern Mariana Islands
Department of Labor – Office of the Secretary
 1356 Mednilla Avenue | Capitol Hill | P.O. Box 10007 Saipan, MP 96950
 Phone: (670) 664-3196 | Web: www.marianaslabor.net



RECORD OF CONTACTS MADE FOR WORK

Record the contacts you made to obtain work that you reported on your continued claims. Please submit this information when submitting your weekly claims or as requested. Your "Record of Contacts Made for Work" is subject to verification by the CNMI Department of Labor – PUA Program.

Claimant's Name:	Social Security Number:
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Please provide the information requested or circle the appropriate response.

Date of contact	Employer's name, address & phone number	Method of contact	Name of person contacted	Position applied for	Applica-tion filed?	Result of contact for work									
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	Name Address Phone	Telephone Internet In person Résumé			Yes No	
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	Name Address Phone	Telephone Internet In person Résumé			Yes No	

I certify this information is true and correct to the best of my knowledge. I am aware the law provides penalties for false statements made for the purpose of obtaining benefits.

Claimant's signature _____ Date _____