



STATE OF RHODE ISLAND  
 DEPARTMENT OF LABOR AND TRAINING  
 P.O. Box 20368  
 CRANSTON, RHODE ISLAND 02920-0944  
 Phone: (401) 243-9107  
 Fax: (401) 462-8421 / 462-8443

Name :

LAST FOUR OF SSN

Address:

**FILL IN YOUR FULL SSN BELOW**

City, State, Zip:

Federal Regulations for the State Extended Benefits (EB) program mandate that evidence of an active work search be provided weekly since you have applied for or are in receipt of EB payments. You are required to:

**1. Complete a work search form that documents three work search contacts for each week that you request benefits:**

- i) Work search must be conducted on three (3) separate days within the week specified.
- ii) *netWORKri* can serve as one verifiable contact for the specified week.
- iii) Individuals using any employment website (i.e. Craig's List, Monster.com, etc.) must provide verifiable information including company name and the specific position for which they have applied. You can also search for work on the department's EmployRI network online at <https://www.employri.org>.
- iv) **NOTE: Trade Union Members are not exempt from the work search while in receipt of EB.**  
If you are a member in good standing of a trade union (i.e. Local 99 Carpenters' Union), contacting the union hiring hall counts as one contact for the week.
- v) **NOTE: Individuals participating in training programs approved by the department will be exempt from the work search (i.e. WIA or TRA).**

You are advised to keep copies of all your submissions for your personal records.

List three places you looked for work during the week between \_\_\_\_\_ and \_\_\_\_\_ .  
 \*\*\*\*\*Please see page 2 for an example of a verifiable work search \*\*\*\*\*

DATE	EMPLOYER	EMPLOYER ADDRESS	PERSON CONTACTED	POSITION APPLIED FOR	METHOD OF APPLICATION	RESULTS

I certify that the information provided is accurate: \_\_\_\_\_  
 Claimant's signature \_\_\_\_\_ Date

**You must complete, sign, and return this page on \_\_\_\_\_ to:**  
 Department of Labor and Training P.O. Box 20368 Cranston, RI 02920-0944



## EXAMPLE

DATE	EMPLOYER	EMPLOYER ADDRESS	PERSON CONTACTED	POSITION APPLIED FOR	METHOD OF APPLICATION	RESULTS
8/3/09	ABC COMPANY	100 Union Way Providence, RI 02909	John Doe / HR	Receptionist	I	Filled out application
8/5/09	Company Name / Position via Monster.com	Cranston, RI	HR Representative Via Monster.com	Clerical	IP	e-mailed résumé
8/7/09	Business B	25 Greenville Ave Johnston, RI 02919	Jane Doe / HR	Bookkeeper	R	Scheduled interview

Codes for method used to apply for work:

I – Internet	IP – In Person Contact
R – Sent Résumé	P – Phone
A – Application	O – Other

2. **Submit this form to the department prior to certifying for weekly payments through TeleServe, and**
3. **Confirm that you have submitted this form when prompted by TeleServe during weekly payment certification.**

**IMPORTANT: Three (3) work search contacts is the minimum required for the EB program. You must continue to look for work throughout the week.**

After the department processes your payment, you will automatically be sent a new work search form for your next payment week.

The federal government requires that State Extended Benefits claimants be informed whether their prospects for finding employment in their customary occupations are “good” or “not good”. Claimants whose prospects are considered “not good” include those who have unsuccessfully sought work in their customary occupation over an extended period of time and who do not have a return-to-work date scheduled within the next four (4) weeks. According to this definition, your prospects for securing employment in your customary occupation are considered “not good”. As such, federal regulations require that you seek work that is within your capabilities and that pays more than your weekly benefit rate plus dependency allowance. If you are partially employed, you must still provide three (3) work search contacts for the week.

**IMPORTANT: If you fail to meet the State Extended Benefits work search requirements, you will be denied benefits, and will continue to be denied benefits until you return to work, complete four weeks of employment, earn four times your weekly benefit rate (including dependency allowance), and become unemployed through no fault of your own.**

If you do not submit the mandatory work search for any week that you have certified otherwise, you will be denied benefits, declared overpaid and determined at fault for any overpayment of benefits received.

The department must be able to verify the work search information you provide.

For more information on the EB program and the work search requirements, please visit the department’s website at [www.dlt.ri.gov/ui](http://www.dlt.ri.gov/ui).