New York State Department of Labor
Extended Benefits Monthly Work Search Record

Name: _____ **SS#:** _____

You must actively search for suitable work while claiming Extended Benefits (EB).

List all the employers and labor unions you contact each week below. You must apply to or contact at least two (2) employers for each week you claim EB. **On the last Sunday of each month you claim EB**, you **must mail** this work search record to: ***NYS Department of Labor, PO Box 15121, Albany NY 12212-5121.*** (Keep a copy for your records.) **Otherwise, you will lose your Extended Benefits.** If you run out of space on this sheet, continue your list on separate sheets of paper. You may also photocopy this form.

Date of Contact	Employer Name, Address and Telephone Number	Method of Contact	Name of Contact Person	Position Applied for	Result of Contact