



**Guam Department of Labor**  
**PANDEMIC UNEMPLOYMENT ASSISTANCE PROGRAM**  
 414 W. Soledad Avenue • Suite 400 GCIC Bldg • Hagatna, GU 96910

**RECORD OF CONTACTS MADE FOR WORK**

Record the contacts you made to obtain work that you reported on your weekly claims. You must upload this log to your HireGuam every two weeks or provide it to PUA staff upon request. Your “Record of Contacts Made for Work” is subject to verification by the Department and falsification will result in denial of benefits.

Claimant’s Name:	Social security number:
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Please provide the information requested and check the appropriate response.

Date of Contact	Employer’s name, address & phone number	Method of Contact	Name of person contacted	Position applied for	Result of contact for work
	Name	<input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> In-person <input type="checkbox"/> Resume			
	Address				
	Phone				
				Application filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name	<input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> In-person <input type="checkbox"/> Resume			
	Address				
	Phone				
				Application filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name	<input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> In-person <input type="checkbox"/> Resume			
	Address				
	Phone				
				Application filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name	<input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> In-person <input type="checkbox"/> Resume			
	Address				
	Phone				
				Application filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name	<input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> In-person <input type="checkbox"/> Resume			
	Address				
	Phone				
				Application filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**OVER – CONTINUE YOUR RECORD OF JOB CONTACTS ON THE BACK OF THIS FORM**

## RECORD OF CONTACTS MADE FOR WORK – CONTINUED

Date of Contact	Employer's name, address & phone number	Method of Contact	Name of person contacted	Position applied for	Result of contact for work
	Name	<input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> In-person <input type="checkbox"/> Resume			
	Address				
	Phone			Application filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name	<input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> In-person <input type="checkbox"/> Resume			
	Address				
	Phone			Application filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name	<input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> In-person <input type="checkbox"/> Resume			
	Address				
	Phone			Application filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name	<input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> In-person <input type="checkbox"/> Resume			
	Address				
	Phone			Application filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name	<input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> In-person <input type="checkbox"/> Resume			
	Address				
	Phone			Application filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Period of: _____ through _____  Page ____ of ____ pages
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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: _____