

State Extended Benefits (EB) Work Search Log

Enter the dates for each claim week in the space provided below. A claim week is 7 days and starts on a Sunday and ends on a Saturday.

Enter your required number of weekly work search activities.

Enter your Name:

Enter your Address:

Enter your Social Security Number:

TWC must receive your log within 7 days of submitting your payment request. If you do not send a log, meet the work search requirements, or submit the correct week's information, you will be disqualified for that week(s) AND all future EB weeks.

Mail to the above address or fax to 512-322-2866

Activity Date	Name, Location and Telephone Number of Employer/Service/Agency	Person Contacted	Method of contact/ Type of Activity	Type of work sought	Results/ Outcome
Claim Week 1: _____ to _____		Number of required work search activities per week: _____			
Claim Week 2: _____ to _____		Number of required work search activities per week: _____			