



North Dakota Workforce
Safety & Insurance

**EMPLOYMENT
CONTACT LOG**
RETURN TO WORK DIVISION
SFN 51498 (10/2019)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

Return this form at least once a week or sooner if it is completed

SECTION 1 – Injured employee’s information		
Claim number	Injured employee’s (First name)	(Last name)
SECTION 2 – Contact’s information (Complete each box. Put n/a (not applicable) if you don’t know the information. Keep a copy for yourself if you need to follow-up with a company.)		
Number 1 contact MM/DD/YY Ex. 01/01/16	Company name	Contact person
	City	State
	Telephone number	Website address
Job title or type of work		
Results of contact		Comments and outcomes
Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of contact		
<input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk		
Number 2 contact MM/DD/YY Ex. 01/01/16	Company name	Contact person
	City	State
	Telephone number	Website address
Job title or type of work		
Results of contact		Comments and outcomes
Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of contact		
<input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk		
Number 3 contact MM/DD/YY Ex. 01/01/16	Company name	Contact person
	City	State
	Telephone number	Website address
Job title or type of work		
Results of contact		Comments and outcomes
Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of contact		
<input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk		
Number 4 contact MM/DD/YY Ex. 01/01/16	Company name	Contact person
	City	State
	Telephone number	Website address
Job title or type of work		
Results of contact		Comments and outcomes
Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of contact		
<input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk		

Form continued on next page. Submit all pages to WSI.

EMPLOYMENT CONTACT LOG

SFN 51498 (10/2019)

Claim number	Injured employee's (First name)	(Last name)
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Number 5 contact MM/DD/YY Ex. 01/01/16	Company name		Contact person
	City	State	Website address
	Telephone number		Job title or type of work
Results of contact Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No		Method of contact <input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk	
Comments and outcomes			

Number 6 contact MM/DD/YY Ex. 01/01/16	Company name		Contact person
	City	State	Website address
	Telephone number		Job title or type of work
Results of contact Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No		Method of contact <input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk	
Comments and outcomes			

Number 7 contact MM/DD/YY Ex. 01/01/16	Company name		Contact person
	City	State	Website address
	Telephone number		Job title or type of work
Results of contact Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No		Method of contact <input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk	
Comments and outcomes			

SECTION 3 – Fraud warning/signature

Fraud warning

Any person claiming benefits or compensation from WSI who files a false claim, or makes a false statement, or fails to notify WSI as to the receipt of income or an increase in income from employment, in connection with any claim or application for workers' compensation benefits will forfeit any future benefits and may be guilty of a felony which is punishable by imprisonment, substantial fines, or both. These criminal penalties are applicable to all persons dealing with WSI, including injured employees, employers, medical providers, and attorneys.

Signature

By signing this form, I acknowledge that I have read and understand the fraud warning. I understand that falsifying this claim or making a false statement regarding this claim may be a felony, punishable by substantial fines and imprisonment. I authorize and agree that statements in this form are true and accurate.

Injured employee's signature	Date
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