

Record of Employment Contacts

(This form should be copied for future use in your job searches)

Mashantucket Pequot Tribal Nation Workers' Compensation Commission P.O. Box 3060 Mashantucket, CT 06338-3060 Phone (860) 396-2424 Fax (860) 396-2060 MPTNWCC@mptn-nsn.gov

mployee Name:	Badge #:	
ate of Injury:	Phone #:	Week Ending:
Month Day Year		Month Day Year
Date of Contact: Month Day Year Employer:	Date of Contact: Month Day Year Employer:	Date of Contact: Month Day Year Employer:
(Name, Address & Phone)	(Name, Address & Phone)	(Name, Address & Phone)
Contact Person:	Contact Person:	Contact Person:
Job Title:	Job Title:	Job Title:
(Position applying for)	(Position applying for)	(Position applying for)
Result of Contact:	Result of Contact:	Result of Contact:
(ex.: interview, hire, etc.)	(ex.: interview, hire, etc.)	(ex.: interview, hire, etc.)
Referral Source:	Referral Source:	Referral Source:
(ex.: web, newspaper, etc.)	(ex.: web, newspaper, etc.)	(ex.: web, newspaper, etc.)
Date of Contact:	Date of Contact:	A copy of your record of job search efforts should be submitted to the
Month Day Year	Month Day Year	Workers' Compensation Third Party Administrator for review. Be sure
Employer:	Employer:	to include all of the required information and make a copy for your records.
		W.C. Third Party Administrator:
(Name, Address & Phone)	(Name, Address & Phone)	Esis, Inc.
Contact Person:	Contact Person:	P.O. Box 3777 Mashantucket, CT 06338-3777
Job Title:	Job Title:	
(Position applying for)	(Position applying for)	
Result of Contact:	Result of Contact:	
(ex.: interview, hire, etc.)	(ex.: interview, hire, etc.)	Employee Signature Date
Referral Source:	Referral Source:	
(ex.: web, newspaper, etc.)	(ex.: web, newspaper, etc.)	Revised 4/23