



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

Employee Name: _____ Badge #: _____

Date of Injury: _____

Month Day Year

Phone #: _____

Week Ending: _____

Month Day Year

Date of Contact: _____
Month Day Year

Employer: _____

(Name, Address & Phone)

Contact Person: _____

Job Title: _____
(Position applying for)

Result of Contact: _____
(ex.: interview, hire, etc.)

Referral Source: _____
(ex.: web, newspaper, etc.)

Date of Contact: _____
Month Day Year

Employer: _____

(Name, Address & Phone)

Contact Person: _____

Job Title: _____
(Position applying for)

Result of Contact: _____
(ex.: interview, hire, etc.)

Referral Source: _____
(ex.: web, newspaper, etc.)

Date of Contact: _____
Month Day Year

Employer: _____

(Name, Address & Phone)

Contact Person: _____

Job Title: _____
(Position applying for)

Result of Contact: _____
(ex.: interview, hire, etc.)

Referral Source: _____
(ex.: web, newspaper, etc.)

Date of Contact: _____
Month Day Year

Employer: _____

(Name, Address & Phone)

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(Position applying for)

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(ex.: interview, hire, etc.)

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(ex.: web, newspaper, etc.)

Date of Contact: _____
Month Day Year

Employer: _____

(Name, Address & Phone)

Contact Person: _____

Job Title: _____
(Position applying for)

Result of Contact: _____
(ex.: interview, hire, etc.)

Referral Source: _____
(ex.: web, newspaper, etc.)

A copy of your record of job search efforts should be submitted to the Workers' Compensation Third Party Administrator for review. Be sure to include all of the required information and make a copy for your records.

W.C. Third Party Administrator:

Esis, Inc.

P.O. Box 3777

Mashantucket, CT 06338-3777

Employee Signature

Date