



Shasta County Department of Child Support Services

WORK SEARCH REPORT

Obligor Name _____

Case Number _____

Current Address:	Home/Cell: E-mail address:
-------------------------	---

PERIOD REPORTED: FROM _____ TO _____

Search date	Employer name and address or Website address	Applied on-line or in person *FOR ON-LINE JOB APPLICATIONS YOU MUST ATTACH CONFIRMATION*	Contact name & Phone #	On-line confirmation attached?

I will notify DCSS within 24 hours of obtaining employment. I declare under penalty of perjury under the laws of the State of California that this report is true and correct.

Signature

Date