COLORADO EMPLOYMENT FIRST Employer Contact Report

Employer: Address: Phone Number: Person Contacted: *Type of Contact: Type of work: Follow Up Date: Results:	Phone	Internet	In Person	Employer: Address: Phone Number: Person Contacted: *Type of Contact: Type of work: Follow Up Date: Results:	Phone	Internet	In Person
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* Please use at least Participant Name I attest that the abov				SS# (last 4 digits)Participant Signatur		CBMS#	Date