Date:		Participant's Name:					CIN Number:		OBWP:	
E-OMJ Activity Log										
Report Month/Year:										
Date	Program Name		Tir	ne	Location Activity was completed (OMJ, Lab,		Task Completed (Career Profile, Career Exploration, Test, etc.		Next Step (What is the next step for you to complete?)	
Duto			Start	End	CCMEP office, etc.)	(Ourcer i				
			as given a	n activity	•		tivities and the case wor		•	
Career Seeker's Signature:					Da	Date: To		al Time Spent	Actively Job Searching:	
				Subm	uit completed form	me to voi	ır Casa Worker			
Submit completed forms to your Case Worker By completing and submitting this form, you are authorizing staff to contact the program named above. The program may be contacted to verify the information you've submitted, your attendance and participation status.										
	1110	program may bo	Joinable	<u> , </u>	, ale illicillation y	,	a, your attoridar	ice and parti	orpanori otataor	