



Nebraska Workers' Compensation Court

JOB SEARCH ACTIVITY- MILEAGE REIMBURSEMENT REQUEST (COMPLETE THE LOG FOR EACH EMPLOYER CONTACT WHETHER OR NOT TRAVEL WAS INVOLVED)

NAME: _____

Report Period: From: _____ To: _____
(Date) (Date)

Total miles traveled this report period (from attached log): _____

I certify that the above information is correct to the best of my knowledge.

Employee Signature

Date

My Address is: _____

CHECK HERE IF THIS IS A NEW ADDRESS

SUBMIT COMPLETED FORM TO YOUR VOCATIONAL REHABILITATION COUNSELOR FOR VERIFICATION

NOTE: Counselor is to submit form to the court by mail to PO Box 98908, Lincoln, NE 68509-8908, or by Fax to 402-742-8311, or Email to wcc.vocrehab@nebraska.gov.

Vocational Rehabilitation Counselor Signature

Date

DO NOT WRITE BELOW THIS LINE -- FOR COURT USE ONLY

Total miles traveled this report period	=
Mileage rate	X \$.56
Total actual mileage amount to be paid to employee	\$

Approved by:

Court Vocational Rehabilitation Specialist Signature

Date

COMPLETE THIS JOB SEARCH ACTIVITY LOG FOR EACH EMPLOYER CONTACT WHETHER OR NOT TRAVEL WAS INVOLVED

DATE	NAME AND CITY EMPLOYER CONTACTED (required)	RESULTS OF CONTACT (Application, Interview, etc.)	POSITIONS (Applied and/or inquired)	MILES TRAVELED
Total number of miles traveled (enter here and on mileage reimbursement request form)				