

WE ARE YOUR DOL



<input checked="" type="checkbox"/>	Initial RESEA
<input type="checkbox"/>	Follow-up RESEA

Reemployment Plan

Name: MARK HAZEL

SSN #: *****

Steps I will take to help my reemployment:

	Remove potential barrier(s) of employment and/or maintain Unemployment Insurance eligibility.
	Email my resume to the Career Advisor at: @labor.ny.gov
	Revise current resume per feedback from resume review
	Expand my work search to other industries or occupations to:
	Create or update LinkedIn profile
	Explore training and educational opportunities:
	English as a second language (ESL)
	High school equivalency
	Apprenticeship
	WIOA Individual training grants
	Coursera Online Training
	Submit 599 application
	Apply for the Self-Employment Assistance Program (SEAP) prior to claiming 13 weeks of benefits
x	Follow-up with a previous interview or lead
x	Network, search online, obtain business cards
x	Contact recruiters, staffing agencies, alumni
x	Email or call Career Advisor when I return to work
	Other:

Attend the following Career Center appointments:

	Next mandatory Reemployment Services Appointment:	Date:	
	Workshop: Choose one	Date:	Time:
	Individual career counseling appt with:	Date:	Time:

Attend the following supportive service referral appointment: Such as vocational rehab, English to Speakers of Other Languages (ESOL), High School Equivalency (HSE)


	Agency:	Date:	Time:
	Contact name:		

Follow-up on job referrals I received: Jobs I will apply to (business name and position title):

1. (See attachments)
2. N/A
3. N/A

Certification

I have reviewed the information in my Reemployment Plan. I agree to attend scheduled appointments. I understand that if I do not comply with the above, I may be ineligible to receive Unemployment Insurance benefits.

Customer Signature:  Date: 11/5/2024

I met with customer and reviewed this plan

Workforce Advisor:  Date: 11/4/2024