## WE ARE YOUR DOL



Initial RESEA Follow-up RESEA

## **Reemployment Plan**

Nan	ne:			
Nev	V York Identification number:			
Ste	ps I will take to help my reemployment:			
	Remove potential barrier(s) of employment and/or mair I will:	ntain Unemployme	ent 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			
	7 · · · · · · · · · · · · · · · · · · ·			
	$\square$ High school equivalency $\square$ Apprenticeship $\square$ WIOA Individual training grants			
	Submit 599 application			
Ш	Apply for the Self-Employment Assistance Program (SEAP) prior to claiming 13 weeks of benefits			
	Network, search online, obtain business cards			
	Contact recruiters, staffing agencies, alumni			
	Email or call Career Advisor when I return to work			
Ш	Other:			
Atte	end the following Career Center appointments:			
	Workshop:	Date:	Time:	
	Individual career counseling appt with:			
	end the following supportive service referral appoints peakers of Other Languages (ESOL), High School Equi		ocational rehab, English	
	Agency:	Date:	Time:	
	Contact name:			
Foll	ow-up on job referrals I received: Jobs I will apply to	(business name a	nd position title):	
1.				
3.				
	tification			
	ve reviewed the information in my Reemployment Plan.	I agree to attend s	scheduled annointments	
I un	derstand that if I do not comply with the above, I may be trance benefits.			
Sigi	nature:		Date:	
	3 (06/22)			