

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL					
OMB	3235-				
Number:	0104				
Estimated average					
burden hours per	•				
response	0.5				

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)										
1. Name and Address of Reporting Person * ZIZZA SALVATORE J	State (Mo:	2. Date of Event Requiring Statement (Month/Day/Year) 12/23/2009		~	3. Issuer Name and Ticker or Trading Symbol GENERAL EMPLOYMENT ENTERPRISES INC [JOB]					
(Last) (First) (Middl 614 LEXINGTON AVENUE	e) 12/2			4. Relationshiperson(s) to I	ssuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
NEW YORK, NY 10022				Director X Officer (gi	ve $\frac{10\%}{\text{Othe}}$ Othe			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip))	Table I - Non-Derivative Securities Beneficially Owned						Owned		
1.Title of Security (Instr. 4)		2. Amount o Beneficially (Instr. 4)		nt of Securities Ily Owned	3. Ownership Form: Direc (D) or Indirect (I) (Instr. 5)	Own	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
None		0			D					
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02 Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisabl and Expiration Da (Month/Day/Year)		ation Date			4. Conversion Exerc Price of	ise Fo	wnership orm of erivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Expiration Date Title Amount or Number of Shares Derivativ									
Reporting Owners										
Reporting Owner Name / Address		Relationships								
Dir		rector 10% Owner Officer			Other					
ZIZZA SALVATORE J 614 LEXINGTON AVENUE NEW YORK, NY 10022			Chie	ef Executive Of	ficer					

Signatures

/s/ Salvatore J. Zizza	12/29/2009
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.