



Vocational Rehabilitation
Employment Verification Form
Submit separate forms for Job Placement and Job Retention

Employment Information	
Invoice #:	Employment Start Date:
Participant's Name:	
Counselor's Name:	
Additional Information	
Contractor's Name:	
<input type="checkbox"/> Request for Job Placement Payment <input type="checkbox"/> Request for Job Retention Payment	
Employer:	
Address:	
City, State, Zip:	
Phone Number:	
Job Title:	
Hours/Week/Month:	
Salary:	
Supervisor Name:	
Benefits	
Length of Probation/Months:	
Job Duties:	
*NOTE – Job Developer attach all supporting documentation (such as, Job Developer Invoice and Summary Report, Monthly Progress Report) to this form.	
Signatures	
Employee Signature:	Date:
Job Developer Signature:	Date:
Counselor Signature:	Date:

**Signatures verify the job is offered and accepted by the participant and the VRC.*