

Provider:

Provider Staff:

Date of Report:

## Employment Verification

Client Name:

VR Counselor:

Date of Birth:

Employer Contact / Title:

Employer:

Supervisor:

Employer Address:

Employer Phone:

Employment Start Date:

Hours per week:

Job Title:

Wage at 90 days:

Job Duties:

Date 90-day Retention Achieved:

Fringe Benefits:     None                       Paid Vacation                       Paid Sick Leave  
                          Health / Dental / Vision Insurance                       Retirement  
                          Other:

Comments: