**Verification of Employment**

**Client Name:**       **Case ID#:**       **Counselor:**

**Employer who issues the paycheck:**

**Employment site** (name of company where work is completed if different from issuer of paycheck):

**Address:**

**Supervisor:**       **Phone:**

**Start Date:** (*date client begins earning wages):*

**Rate of Pay:**      [ ]  hourly [ ]  weekly [ ]  monthly

[ ]  **Full Time** [ ]  **Part Time** (# of hours per week):

 If part time: [ ]  Set number of hours per week

[ ]  Number of hours per week varies: **Min**#      **Max#**

**Work Schedule:** [ ]  **Varies by Week** [ ]  **Regular Schedule** (days and times):

**Benefits:** [ ]  Health Insurance **If yes**, client eligible:

[ ]  First Day [ ]  Three Months [ ]  Six Months [ ] N/A

[ ]  Annual Leave [ ]  Sick Leave [ ]  Retirement Plan

[ ]  Paid Holidays [ ]  Other

**Probationary Period:** [ ]  Three Months [ ]  Six Months [ ]  One Year [ ]  N/A [ ]  Other

**Job Title:**

**Job Duties** (attach job description or describe below):

*Note: A copy of client pay stub (as soon as available ) is required if employer signature is not obtained.*

**Client /Representative Signature**       **Date:**

(Indicates client is in agreement with job as described above)

**Employer Signature**       **Date:**

**Job Developer Signature**       **Date:**

Please submit the completed form to the referring Rehabilitation Counselor at BVR