**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