

# REHABILITATION DIVISION



## VERIFICATION OF EMPLOYMENT

Participant Name \_\_\_\_\_ Case ID#: \_\_\_\_\_ Counselor: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: (date participant 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, participant eligible:  1<sup>st</sup> day  3 months  6 months  other \_\_\_\_\_

Annual Leave  Sick Leave  Retirement Plan  Paid Holidays  Other \_\_\_\_\_

Probationary Period:  3 months  6 months  1 year  Other \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: (attach job description or describe below)

\_\_\_\_\_  
\_\_\_\_\_

Participant/Guardian/Representative Signature

(indicates participant is in agreement with job as described above)

\_\_\_\_\_  
Date

Employer Signature

\_\_\_\_\_  
Date

Job Developer Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY JOB DEVELOPER AND PARTICIPANT**

Verification of Employment Form

Revised August 2014

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**IPE Vocational Goal:** \_\_\_\_\_

**Placement is consistent with IPE Goal:**     Yes     No

**If no:** Is placement consistent with participant's employment factors (strengths, resources, priorities, concerns, abilities and capabilities) as well as interests and informed choice **AND** did the counselor pre-approve the alternative placement before it took place?     Yes     No Explain: \_\_\_\_\_

**Is placement within the referral criteria provided by counselor?**     Yes     No

**If no:** Was it pre-approved by the counselor before the placement was made?

Yes Provide date and method of pre-approval (for example, phone call with counselor or email from counselor) \_\_\_\_\_

No Explain: \_\_\_\_\_

**Placement is in an integrated setting and the participant is earning pay and benefits at the same rate as other employees without disabilities who do the same or a similar job and is earning no less than the State minimum wage?**     Yes     No If no, explain \_\_\_\_\_

**Position is Permanent:**     Yes     No

**If no:** Explain and include estimate of duration: \_\_\_\_\_  
\_\_\_\_\_

**Participant is satisfied with job offer including the rate of pay, job duties, hours, location etc:**

Very Satisfied     Mostly Satisfied     Somewhat Satisfied     Not Satisfied     Very Unsatisfied

**Would like something better but willing to start here** (for example: to gain experience, or something better not available – such as no business is located conveniently to the participant's home, therefore he/she must work a distance from his/her home)

If answer is other than "very satisfied" or "mostly satisfied", please explain: \_\_\_\_\_  
\_\_\_\_\_

**Other Participant Comments (optional):** \_\_\_\_\_  
\_\_\_\_\_

**Other Job Developer Comments (optional):** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Participant/Guardian/Representative Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Job Developer Signature**

\_\_\_\_\_  
Date