

JOB START REPORT

Client: _____

Employment
Specialist: _____

Case Manager: _____

Vocational
Rehabilitaton
Counselor: _____

First date of work: _____

Job Title: _____

Duties: _____

Rate of pay: _____

Benefits: _____

Union position: ☐ Yes; ☐ No

Work schedule: _____

Disclosure: ☐ Yes-worker has agreed to employer contact and
has signed a release
☐ No-worker does not want employer contact

Name of business: _____

Address: _____

Name of supervisor: _____

Employment specialist signature

Date