

JOB START REPORT

Client: _____

Employment Specialist: _____

Case Manager: _____

Vocational
Rehabilitation
Counselor: _____

First date of work: _____

Job Title: _____

Duties: _____

Rate of pay: _____

Benefits: _____

Who will report the first pay check to Social Security Administration? _____

N/A-the person does not receive Social Security 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