

JOB START REPORT

Client: _____

Employment Specialist: _____

Case Manager: _____

DRS Counselor: _____ PID: _____

First day of work: _____ Job Title: _____

Job Duties:

Rate of pay: _____ Benefits: _____

Union position: Yes No Hours per week: _____

Disclosure: Yes, consumer has agreed to employer contact and has signed a release.

No, consumer does not want employer contacted.

Name of business: _____

Location: _____

Address

City

State

Zip Code

Supervisor: _____

Name

Area Code Telephone #

E-mail Address

Additional Comments or Needs:

Signature _____

ES Name, Credentials:

Date

