

# Employment and Retention (ER) Authorization Request & Milestone Billing Form

Individual's Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_  
EC: \_\_\_\_\_ DRS Counselor: \_\_\_\_\_  
Authorization Number: \_\_\_\_\_ Authorization Date: \_\_\_\_\_  
Milestone Begin Date: \_\_\_\_\_ Milestone Completion Date: \_\_\_\_\_  
Invoice Date: \_\_\_\_\_ Invoice Number: \_\_\_\_\_  
Employment Begin Date: \_\_\_\_\_

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## Milestone Billing

Please select the milestone for which you are **billing**: (maximum of one)

### Milestone

Assessment (AS) Milestone	\$ 413
Vocational Preparation (VP) Milestone ( <b>Optional</b> )	\$ 413
Placement (PL) Milestone	\$ 413
Four Weeks Job Retention (R4) Milestone	\$1,238
Successful Employment (EM) Milestone	\$1,650

**FOR DRS USE ONLY** Paid Date: \_\_\_\_\_ by \_\_\_\_\_

## Authorization Request

Please select the milestone(s) (maximum of two at a time) requested for pre-authorization.

### Milestone

Assessment (AS) Milestone (Planned Date: _____)	\$ 413
Vocational Preparation (VP) Milestone ( <b>Optional</b> )	\$ 413
Placement (PL) Milestone (Request next planned milestone along with PL request)	\$ 413
Four Weeks Job Retention (R4) Milestone (Requested with PL, if planned)	\$1,238
Successful Employment (EM) Milestone (Requested with PL, if R4 <b>NOT</b> planned)	\$1,650

**FOR DRS USE ONLY** Authorization Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

EC Name: \_\_\_\_\_ Date: \_\_\_\_\_