

JOB START REPORT

Client: _____

Employment Specialist: _____

Case Manager: _____

DRS Counselor: _____ CID: _____

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 Email Address

Additional Comments or Needs:

Signature _____

ES Name, Credentials:

Date _____