

JOB START REPORT

Client: _____

Employment
Specialist: _____

Case Manager: _____

VR Counselor: _____

First date of work: _____

Job Title: _____

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 contact

Name of business: _____

Address: _____

Name of supervisor: _____

Staff signature and credentials

Date

JOB END REPORT

Job:

Job Title: _____ Employer: _____

Job Start Date: _____ Job End Date: _____

Job Duties (if changed since start date): _____

Work hours (include any changes): _____

Reason for job end:

Quit for a better job Quit—symptoms Quit for another reason Terminated

Consumer’s perspective regarding job end: _____

Staff comments regarding job end: _____

Employer comments: _____

Type of support provided: _____

Type of supervision at work site: _____

Does consumer wish to look for another job/what kind? _____

Client’s preferences regarding disclosure on next job: _____

Staff Signature

Date