

State of Nevada Bureau of Vocational Rehabilitation 30, 60, 90 Day Verification of Successful Employment and Job Retention

30 DAYS
 60 DAYS
 90 DAYS

Participant: _____ Case Number: _____ Counselor: _____

Employer: _____ Address: _____

Supervisor/Manager: _____ Work Phone: _____

Job Title: _____ Rate of Pay: _____ Hours per Week: _____

Start Date: _____ Today's Date: _____ Health Insurance Benefits?: Yes No

Participant/Representative Signature: _____ Date: _____

Job Developer Signature: _____ Date: _____

Supervisor/Employer Signature: _____ Date: _____

List any issues or concerns that may need to be addressed
(Provide supplementary report or continue on new page if more space is required)

Consistent Contact is Required

Date	Time	Method	Spoke/Met	Result
		<input type="checkbox"/> Text/Email <input type="checkbox"/> Telephone <input type="checkbox"/> Job Site Visit <input type="checkbox"/> Other:	<input type="checkbox"/> Employer <input type="checkbox"/> Participant <input type="checkbox"/> Other:	
		<input type="checkbox"/> Text/Email <input type="checkbox"/> Telephone <input type="checkbox"/> Job Site Visit <input type="checkbox"/> Other:	<input type="checkbox"/> Employer <input type="checkbox"/> Participant <input type="checkbox"/> Other:	
		<input type="checkbox"/> Text/Email <input type="checkbox"/> Telephone <input type="checkbox"/> Job Site Visit <input type="checkbox"/> Other:	<input type="checkbox"/> Employer <input type="checkbox"/> Participant <input type="checkbox"/> Other:	
		<input type="checkbox"/> Text/Email <input type="checkbox"/> Telephone <input type="checkbox"/> Job Site Visit <input type="checkbox"/> Other:	<input type="checkbox"/> Employer <input type="checkbox"/> Participant <input type="checkbox"/> Other:	

orm and a copy of the participant's most recent paystub (if this form is not signed by the employer) to be submitted with
 each bill for payment of successful employment progress. Please submit the completed form to the referring Vocational
 Rehabilitation Counselor