

# State of Nevada Bureau of Vocational Rehabilitation Verification of Employment

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Participant Name: \_\_\_\_\_ Case ID#: \_\_\_\_\_ Counselor: \_\_\_\_\_

Employer who issues the paycheck: \_\_\_\_\_

Employment site (name of company where work is completed if different from issuer of paycheck):  
\_\_\_\_\_

Address: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: (date participant begins earning wages): \_\_\_\_\_

Rate of Pay: \_\_\_\_\_  hourly  weekly  monthly

Full Time  Part Time (# of hours per week): \_\_\_\_\_

If part time:  Set number of hours per week

Number of hours per week varies: **Min.#** \_\_\_\_\_ **Max #** \_\_\_\_\_

Work Schedule:  Varies by Week  Regular Schedule (days and times): \_\_\_\_\_

Benefits:  Health Insurance **If yes**, participant eligible:

First Day  Three Months  Six Months  Other \_\_\_\_\_

Annual Leave  Sick Leave  Retirement Plan  Paid Holidays

Other \_\_\_\_\_

Probationary Period:  Three Months  Six Months  One year  Other \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: (attach job description or describe below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

**Participant/Representative Signature**

(Indicates participant is in agreement with job as described above)

\_\_\_\_\_  
Date: \_\_\_\_\_

**Employer Signature**

\_\_\_\_\_  
Date: \_\_\_\_\_

**Job Developer Signature**