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|  | “*People* *helping people* *help* *themselves”* | ***Division of Disability and Rehabilitative Services******Vocational Rehabilitation******Notice of Job Offer*** |

***This document should be submitted to the Vocational Rehabilitation (VR) Counselor at least two (2) business days prior to pending job start date, or as early as possible. The VR Counselor must be consulted prior to acceptance of job.***

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| **Date *(month, day, year)***Click or tap to enter a date. | **Identification number**Click or tap here to enter Participant ID | **Name of VR Counselor**Click or tap here VR Counselor |
| **Name of consumer**Click or tap here to enter Participant Name | **Name of provider**Click or tap here to enter provider name |
| **Title of job being offered**Click or tap here to enter job title |
| **Name of employer**Click or tap here to enter Employer |
| **Location (number and street, city, state, and ZIP code)**Click or tap here to enter Employer Address | **County**Click or tap here to enter employer county |
| Rate of payClick or tap here to enter pay rate | Job start date *(month, day, year)*Click or tap to enter a job start date | Hours per weekClick or tap here to enter hours per week | **Hours to be worked**Click or tap here to enter hours to be worked |
| WorkdaysClick or tap here to enter workdays |
| BenefitsClick or tap here to enter employer benefits offered |
| Job description attached? *(Check one.)* [ ] Yes [ ] No | *If "no" job description is attached, you must attach a completed* *task analysis / job duties.* |

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| Signature of customer / guardian | Date *(month, day, year)*Click or tap to enter a date. |
| Signature of Employment Consultant | Date *(month, day, year)*Click or tap to enter a date. |
| Approved by VR Counselor *(Signature)* | Date *(month, day, year)*Click or tap to enter a date. |
| Not Approved by VR Counselor *(Signature)* | Date *(month, day, year)*Click or tap to enter a date. |