



EMPLOYMENT VERIFICATION REPORT

ND DEPARTMENT OF HUMAN SERVICES
 DIVISION OF VOCATIONAL REHABILITATION
 SFN 1841 (7-2015)

Provider Name	
Client Name	DVR Counselor Name
Place of Employment	Employment Start Date
Request for Payment	
Job Development and Placement	
<input type="checkbox"/> First Payment Job Search Assistance/Employment Proposal	<input type="checkbox"/> Final payment Job Retention/Rehabilitated (Final)
<input type="checkbox"/> Second Payment Job Placement (Initial)	<ul style="list-style-type: none"> • Job stability needs are met • Job coach has faded from the job • Other resources are identified • VR successful closure criteria is met
<input type="checkbox"/> Third Payment Client becomes employed and maintains employment for 30 days in a job outlined on the IPE	
Summer Work Experience	
<input type="checkbox"/> Monthly fee	<input type="checkbox"/> Permanent Placement Fee *
Employer	
Address	
Job Title	
Hourly Wage	Number of Hours Worked Per Week
Supervisor Name	
Benefits	
Length of Probation	
Job Duties	
Client Signature	Date
Provider Signature	Date
DVR Counselor Signature	Date
*Employer Signature (Required if summer work experience becomes permanent)	Date