



VR Employment Services Provider Request for Approval To Hire a VR Customer Form

<u>General Information</u>									
Provider Name					Request Date				
Requestor				Phone #/Email					
Customer Name				Customer ID #					
Place of Employment					Placement Date				
Position Title									
Duties/Description									
Employment Type	Full	<input type="checkbox"/>	Part	<input type="checkbox"/>	Earnings/Hour				
Benefits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Type of Benefits				
Integrated Setting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Required Assistance (if any)				
Integrated Setting Explanation									
<u>Approval/Disapproval Process</u>									
VR Counselor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sign			Date	
Comments									
VR Supervisor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sign			Date	
Comments									
Area Supervisor/ Counselor Analyst	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sign			Date	
Comments									