



Florida Division of Vocational Rehabilitation (DVR) Employment Verification Form

TO BE COMPLETED BY SERVICE PROVIDER: Please complete the information below and attach it to the Vendor Requested Payment. For subsequent benchmarks after Placement, attach the form along with the most recent hourly pay stub verification. If a pay stub is not received, compensation will be at the base rate.

General Information	
<u>Participant Name:</u>	<u>Case ID Number:</u>
<u>Service Provider Name:</u>	<u>Employment Specialist Name:</u>

Employment Information	
<u>Employer's Name:</u>	<u>Employer's Phone Number:</u>
<u>Employer's Address:</u>	<u>Job Placement Start Date:</u> <u>Job Retention Date:</u> ☐ 30 Day Job Retention ☐ 60 Day Job Retention ☐ 90 Day Job Retention ☐ CE/Supported Employment 30 Day Job Retention ☐ CE/Supported Employment Stabilization ☐ CE/Supported Employment Transition ☐ CE/Supported Employment Successful Outcome
<u>Participant's Job Title:</u>	<u>Vocational Goal:</u>
<u>Hourly Rate:</u>	<u>Average Weekly Hours:</u>
Receives Health Insurance Through Employment? ☐ Yes ☐ No	<u>Other Benefits:</u>

Service Provider Signature: _____

Date: _____

Service Provider Printed Name: _____

If you have any difficulty regarding accessibility of this form or any data fields, contact DVR:
VRCommunications@vr.fldoe.org.

For more information about this form and when it is required for use by contracted service providers, refer to the applicable [Programmatic Operations Resource Guide \(PORG\)](#) which can be found at:
<https://rehabworks.org/providers/forms-resources.html>.