

Kentucky Office of Vocational Rehabilitation  
**60-Day Stable Employment Summary**

<b>Employee Name:</b>	
<b>Employer:</b>	
<b>Supervisor:</b>	
<b>Job Title:</b>	
<b>Start Date:</b>	
<b>Hourly Wage:</b>	
<b>Days / Hours Worked per Week:</b>	

**Benefits:**

Is the job seeker receiving benefits for this employer and if so, what type? If yes, what is the adjusted amount? What other benefits is the job seeker receiving (i.e. Social Security)?

**Long-Term Services and Supports:**

State the exact long-term services and supports the job seeker will need on going to assist with their employment.

**Monthly Summary of Work:**

Give a detailed description of the monthly work experience for this job seeker.

**Other Important Information to Know:**

State here any information that was gained during these last 30 days of employment prior to closure with the Office of Vocational Rehabilitation.

**Schedule for Follow-up:**

What type of follow-up and how often to follow-up with job seeker to assist with their employment?

Signature of Employment Specialist: \_\_\_\_\_

Printed Name of Employment Specialist: \_\_\_\_\_

Supported Employment Provider: \_\_\_\_\_

Vocational Rehabilitation Counselor: \_\_\_\_\_

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

Total Time Spent: \_\_\_\_\_