**60-DAY STABLE EMPLOYMENT SUMMARY**

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| --- | --- | --- | --- |
| **Employee Name:** | Click here to enter text. | | |
| **Employer:** | Click here to enter text. | | |
| **Supervisor:** | Click here to enter text. | | |
| **Job Title:** | Click here to enter text. | | |
| **Start Date:** | Click here to enter text. | **Hourly Wage:** | Click here to enter text. |
| **Days/Hours Worked Per Week:** | Click here to enter text. | | |
| **Benefits:** *Is the job seeker receiving benefits for this employer – if so, what type? What other benefits is the job seeker receiving…i.e., Social Security? If yes, what is the adjusted amount?*  Click here to enter text. | | | |
| **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.*  Click here to enter text. | | | |
| **Monthly Summary of Work:** *Give a detailed description of the monthly work experience for this job seeker.*  Click here to enter text. | | | |
| **Other Important Information To Know:** *State here any information that was gained during these last 30 days of employment prior to closure with Office of Vocational Rehabilitation.*  Click here to enter text. | | | |
| **Schedule for Follow-up:** *What type of follow-up and how often to follow-up with job seeker to assist with their employment?*  Click here to enter text. | | | |

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| Signature of ES: |  |
| Print Name of ES: | Click here to enter text. |
| SE Provider Name: | Click here to enter text. |
| OVR Counselor Name: | Click here to enter text. |
| Date: | Click here to enter text. |
| Total Time Spent: | Click here to enter text. |