**150-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. | | |
| **Job Description***: Duties the job seeker actually does while on the job.*  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. | | | |
| **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 30 days of employment. State here any information OVR counselor would need to know in order to further assist the job seeker 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. |