**WORK SUMMARY/JOB START FORM**

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| --- | --- |
| **Employee Name:**  |  |
| **Employer:**  |  |
| **Supervisor:** |  |
| **Job Title:** |  |
| **Start Date:** |  | **Hourly Wage:** |  |
| **Days/Hours Worked Per Week:** |  |
| **Job Description:** *Duties the job seeker actually does while on the job. Be very detailed.* |
| **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?* |
| **Other Important Information To Know:** *State here any information that the OVR Counselor would need to know to further assist the employee with this job.* |

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| Signature of ES: |  |
| Print Name of ES: |  |
| SE Provider Name: |  |
| OVR Counselor Name: |  |
| Date: |  |