

(Revised 7/2022)
OVR 12

DEPARTMENT OF WORKFORCE DEVELOPMENT
OFFICE OF VOCATIONAL REHABILITATION

EMPLOYMENT FOLLOW-UP

Dear _____

Please fill in this form and return it to this office at your earliest convenience. The information requested is very important in completing your case file. This information will be treated in strictest confidence.

Your cooperation will be appreciated.

NAME OF YOUR EMPLOYER: _____

JOB CLASSIFICATION OR TITLE: _____

EXPLAIN THE REQUIREMENTS OF YOUR JOB: _____

DATE BEGAN WORK: _____ AVERAGE WEEKLY WAGE: _____

ARE YOU SELF EMPLOYED? _ _____

DOES YOUR EMPLOYER PROVIDE HEALTH INSURANCE? _ _____

DESCRIBE PRESENT HEALTH CONDITION: _____

REMARKS: _____

Please Sign Here: _____ Date: _____

Address: _____

RETURN TO:

The Kentucky Education Cabinet, Department for Workforce Investment, Office of Vocational Rehabilitation does not discriminate on the basis of race, color, national origin, sex, age, religion, type of disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy, veteran status, or any other status protected by applicable law.