

Kentucky Office of Vocational Rehabilitation

Employment Follow-up

Directions

Purpose

The purpose of this form is to follow-up with a consumer on their current employment. The consumer needs to provide all information on the employment and their current health status. The consumer needs to sign the form to testify that all the information on the form is correct and accurate.

Name of the Employer

Enter the name of your employer

Job Classification or Title

Enter your job classification or title

Explain the requirements of the job

Enter your job requirements

Date Began Work

Enter the date you began the current employment

Average Weekly Wage

Enter your average weekly wage

Self-Employment

Enter yes or no if you're self-employed

Health Insurance

Enter yes or no on whether your employer provides health insurance

Present Health Condition

Enter a description of your present health condition

Remarks

Enter any remarks that you have

Consumer Signature

Please use these instructions for DocuSign before sending the form to the consumer

Select Start for quick access to the most common eSignature actions.

1. Select Send an Envelope
2. Use the template of the Employment Follow-up form.
3. Enter the recipient's name(s) and contact information.
 - a. As a sender, you will receive a copy of the completed Document.
Place the copy in the consumer file.

Please use these instructions if sending the letter by regular mail.

1. After entering the name and address for the consumer and the date of the form, print off the form and send it to the consumer. Make a copy and place it in the consumer file along with the date it was mailed. When you receive the signed original, place it in the file.