



## NOTICE OF JOB OFFER

State Form 56049 (R / 2-19)  
FAMILY AND SOCIAL SERVICES ADMINISTRATION  
VOCATIONAL REHABILITATION EMPLOYMENT SERVICES

***This document should be submitted to the Vocational Rehabilitation (VR) Counselor at least two (2) business days prior to pending job start date, or as early as possible. The VR Counselor must be consulted prior to acceptance of job.***

Date (month, day, year)	Identification number	Name of VR Counselor	
Name of consumer		Name of provider	
Title of job being offered			
Name of employer			
Location (number and street, city, state, and ZIP code)			County
Rate of pay	Job start date (month, day, year)	Hours per week	Hours to be worked
Work days			
Benefits			
Job description attached? (Check one.)		If "no" job description is attached, you must attach a completed task analysis / job duties.	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature of customer / guardian	Date (month, day, year)
Signature of Employment Consultant	Date (month, day, year)
Approved by VR Counselor (Signature)	Date (month, day, year)
Not Approved by VR Counselor (Signature)	Date (month, day, year)