

General Information:

MRS Customer Name:	Date Submitted:
MRS Counselor:	Vendor Agency:
Authorization #:	Vendor Staff Name:

Employment Information:

Title of Job Offered:	
Name of Employer:	
Address Location of Employer:	
Rate of Pay:	
Job Start Date:	
Hours Per Week:	
Workdays/Schedule:	
Benefits:	
Job Description:	

This document should be submitted to MRS at least two business days prior to pending job start date, or as early as possible.

Vendor signature attests the job matches identified employment goal, the job offer information was discussed with customer (and/or guardian) and customer confirmed they would like to proceed with employment. If job goal does not match, please note in comments below reason for job goal change for counselor review.

Vendor Staff Name:	Signature	Date

Comments: