

**Brian P. Kemp**  
Governor



**Chris Wells**  
Executive Director

---

Georgia Vocational Rehabilitation Agency  
Employment Verification Form

Date:	
Client's Name:	
Employer's Name:	
Employer's Address:	
Employer's Telephone:	
Supervisor Name:	
VR Counselor Name:	
Job Title:	
Salary:	
Job Description:	
Date of Hire:	
Start Date:	
Hours per Week:	
Benefits (if available)	