

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)	