



Job Placement Verification

Name

First MI Last

State ID

The RESEA participant will need to provide the following information to RESEA Coordinator:

Name of Company/ Employer: _____

Address

City State Zip

Employer's phone number: (___) _____ — _____

Participant's job title: _____

Employment start date (new)/ Return to work date: ____ / ____ / ____

Rate of pay: \$ _____ hour/ month/ annual/ commission

Hours scheduled to work per week: _____

Supervisor's name: _____

Please provide other documentation if applicable.

Claimant's Signature _____ Date ____ / ____ / ____

Staff Signature _____ Date ____ / ____ / ____