**YTP STUDENT EMPLOYMENT VERIFICATION**

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| **Employment Information** |
| **Participant’s Name:** |
| **YTP Specialist Name:** |
| **VR Counselor’s Name:** |
| **Employer:** |
| **Employer Address:** |
| **City, State, Zip:** |
| **Employer Phone Number:** |
| **Job Title:** |
| **Hours Per Week/Month:** |
| **Start Date:** |
| **Salary:** |
| **Benefits: Yes  No** |
| **Supervisor Name:** |
| **Job Duties:** |
| **Employment Termination Date:**  **Reasons:** |

**Please complete and submit to VRC with a copy of student’s paystub**