

Employment and Wage Verification

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is voluntary, but not providing this information may result in service delays. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Please review the Technical Specifications and Fee Schedule for additional service Information.

Report Month	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

Section 1 – Authorization to Release Employment Information

I, <i>(employee/consumer name)</i> , authorize <i>(Service Provider name)</i> to collect information regarding my employment start date, job title, and hourly wage from my employer.	
Employee Signature	Date

Section 2 – Employer Information

To whom it may concern: This is an authorization to release the information concerning the employment of			
Employer or Business Name			
Street Address	City	State	Zip Code
Telephone	Employment Start Date		
Current Hourly Wage	Job Title		
Employer Signature		Date Signed	
Employer Printed Name	Employer Title		

Section 3 – Return Information

Please return the completed form to:

Service Provider Contact	Email
Fax (if applicable)	Telephone Number

Thank you!