



NEW EMPLOYMENT NOTIFICATION

Client Name _____

Address _____

Employer Name _____

Address _____

Start Date _____

Current Schedule _____

Is This a Set Schedule?

Set _____ Vary _____

Rate of Pay _____

Supervisor/Manager Name _____

Contact Information _____

Employment Consultant Name _____

Contact Information _____

RHS Program Manager _____

Day Service Program Manager _____

Residential Provider Rep Payee _____

** Send copies to all applicable persons listed above. **