



# EMPLOYMENT SERVICES AUTHORIZATION REQUEST

State Form 56643 (12-18)  
FAMILY AND SOCIAL SERVICES ADMINISTRATION  
DIVISION OF DISABILITY AND REHABILITATIVE SERVICES  
VOCATIONAL REHABILITATION (VR) SERVICES

Complete the following form to request an authorization for services.

**Participant Name:** Don Dolittle

**VR Identification Number:** 212144

**Employment Consultant (EC):** Jedi Greene

**Agency:** Top Notch Employment Services

**EC e-mail:** Jedi.Greene@TopNotch.org

**Date of Request (month, day, year):** 1/4/2019

**Send authorization to:** Jedi.Greene@TopNotch.org

## Request 1:

Service / CC Code:	Uniform/Special Clothing: 13-05
Duration: <input checked="" type="checkbox"/> 3 months <input type="checkbox"/> 6 months	Requested Start Date (month, day, year): 1/7/2019
If hourly service, number of hours:	If non-hourly service, number of units:
<input type="checkbox"/> 20 Hours <input type="checkbox"/> 40 Hours <input type="checkbox"/> 60 Hours <input type="checkbox"/> 100 Hours	1 unit

Reason for Request: Don's employer requires black pants and either a white or red polo-style shirt with a collar to be worn on the job. Don has 1 pair of black pants currently but he will need another pair to swap out during the work week and we anticipate 2 polo style shirts will be sufficient as well.

Additional Comments: Estimate \$100 or less for clothing

## Request 2:

Service / CC Code:	(Click Here to Choose Item Below)
Duration: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months	Requested Start Date (month, day, year): Select start date.
If hourly service, number of hours:	If non-hourly service, number of units:
<input type="checkbox"/> 20 Hours <input type="checkbox"/> 40 Hours <input type="checkbox"/> 60 Hours <input type="checkbox"/> 100 Hours	Enter number of units.

Reason for Request: Enter reason here.

Additional Comments: Enter additional comments here.