

**OKLAHOMA DEPARTMENT OF REHABILITATION SERVICES  
JOB FURLOUGH REPORT**

Individual's Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

Vocational goal on current IPE: \_\_\_\_\_

Current Contract: CE SE ER JP ESS JOBS

Current milestone: \_\_\_\_\_

Employer (Business Name): \_\_\_\_\_

Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address City State Zip Code

Individual's Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Weekly Work Goal: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ Actual hours per week: \_\_\_\_\_

Date of Furlough: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Length of Furlough: \_\_\_\_\_  
(if known)

Reason for Furlough:

Attach copy of written furlough notice, if given by the employer

DRS Counselor: \_\_\_\_\_

ESS TA: \_\_\_\_\_

EC Name: \_\_\_\_\_ Date: \_\_\_\_\_