



Return To:

NOTICE OF EMPLOYMENT

The Department of Human Services in Partnership with the Departments of Economic Development, Education, Human Rights, Management, and Workforce Development.

PART A Completed by PROMISE JOBS Worker

PJ Agency #	PJ Office #	DHS Office #	DHS IM Worker #
SSN	Participant Last Name	First	MI
Hours Employed/Week	Expected Duration	Start Date	Rate of Pay \$ per
Employer's Name	Telephone # (optional) ()		
Street	City	State	Zip Code
Type of Work	Occupational Code		
Is employment related to training received from PROMISE JOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No Will participant and family receive health insurance by the end of the first six months of employment? <input type="checkbox"/> No <input type="checkbox"/> Yes, but participant has to pay for all or part <input type="checkbox"/> Yes, completely free to the participant <input type="checkbox"/> Unknown			
Worker Signature	Date	Telephone # ()	

PART B Completed by DHS IM Worker

Please determine the month of FIP payment reduction and case status for this participant. The month before earnings were applied to the FIP grant: _____ The month that earnings were first applied to the FIP grant: _____ FIP case status: <input type="checkbox"/> Active <input type="checkbox"/> Closed If no longer working at the above employer: Last day _____ Reason terminated: <input type="checkbox"/> Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Laid off	
IM Signature	Date

Copy 1: IM return to local PJ agency after completion

Copy 2: IM participant file

Copy 3: PJ participant file