



Return to Work Notice

Information about you

Name:

Phone: SSN or SKIES ID:

Current mailing address:

Have you been attending school? Yes No Are you currently working with a program counselor in our office? Yes No
If yes, does this job relate to your training? Yes No If yes, who?

Information about your employer

Business name:

Type of business:

Employer or supervisor's name: Business phone:

Business address:

Information about your job

Job title:

Start date or most recent return to work date: Wage: Hours per week:

How did you learn about this position:

Is this a past employer? Yes No If yes, is this a new position? Yes No

Are you willing to share your success story?
 Yes No

<p><u>Please return this to:</u> WorkSource – Vancouver 5411 E Mill Plain Blvd Suite15 Vancouver WA 98661 Fax: (360) 735-5042 returntowork@esd.wa.gov</p>	<p>For internal purposes only: SKIES: Note___ JP ___ UI CALL INS: EUC___UIRO ___ GUIDE: Q22___ JSR: Excel ___ WA take placement ___</p>	<p>Program Exit or Conclusion: WIA ___ TAA ___ WF ___ VETS ___ Re-employment/JMI ___ Completed Date:</p>
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Auxiliary aids and services are available upon request to persons of disabilities.