

VARO Last Name	First Name	ID Number Carry	VRC / EC Name	Employment Goal	Date Referred to SA	Referral Type (Initial LMI or Employment Services)	DVOP or SA Staff Assigned	Date 1st Svc Provided by SA After Ref. Date Entered Employment	Employment Considered Suitable (Y/N)	iployer	Jol	b Title	Hourly Wage	Date Emp. Info. Provided to VR&E Date Respon	Joint Isibility Rea	sure ason	NOTES / COM	MENTS
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