

Employment Support Plan

EMPLOYEE

| | |
|------------------------|--|
| Employee Name: | |
| Job Title: | |
| Company Name: | |
| Supervisor Name: | |
| Job Location | |
| Job Commencement Date: | |

DISABILITY EMPLOYMENT SERVICE

| | |
|-----------------------------------|--|
| Disability Employment Service: | |
| DES Employment Consultant: | |
| Back-up DES Contact Person: | |
| DES Contact Person Details | |
| Address: | |
| Telephone: | |
| Email: | |
| Website: | |

Employment Support Plan

EMPLOYMENT SUPPORT PLAN FOR: (Insert employee name)

| Phase of Employment | Action (Clearly Specify) | Person (s) Responsible | Frequency / Duration |
|--------------------------------|--------------------------|------------------------|----------------------|
| Induction / On-boarding: | 1. | | |
| | 2. | | |
| | 3. | | |
| Probationary Period | 4. | | |
| | 5. | | |
| | 6. | | |
| Retention / Career Development | 7. | | |
| | 8. | | |
| | 9. | | |
| | 10. | | |

| Workplace Modifications Required? Y/N Description | Date required by | DES person responsible for application | What is the Job Access reference code? |
|---|------------------|--|--|
| | | | |
| Supported Wage Subsidy | | | |

(Name of DES) agrees to provide the following support to (Name of Employee) upon commencement of their employment.

Agreement Date:

Agreement Review Date(s):

Signatures: (DES representative)

..... (Employer representative)

..... (Employee)