

CE EMPLOYER CONTACT LIST

Individual's Name: _____ Contractor Name: _____

DRS Counselor: _____ EC Name: _____

Team Meeting Date(s): _____

In collaboration with the individual, select the employers, team member, (if they have an employer contact) and planned time frames (date to be contacted):

Priority Order #	Team Member with Contact	Employer(Business Name) and Address	Employer Contact and Title	Phone Number	Planned Contact Date: