

**Job Placement Services**

**933X-Quality Wage Incentive for Provider**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| VR District Office:  | Click to enter | Provider: | Click to enter |
| VRC Name: | Click to enter | NYS Fiscal System ID: | Click to enter |
|  | Report Date: | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| Participant First Name: | Click to enter | Participant Last Name: | Click to enter |
| Participant Phone Number: | Click to enter |
| Participant Email Address: | Click to enter |

**Section 1: Employment Details**

|  |  |
| --- | --- |
|  |  |
| Job Title: | Click to enter |
|  |  |
| Business Name (Employer): | Click to enter |
|  |  |
| Supervisor: | Click to enter |
|  |  |
| Start Date of Employment: | Click to enter |
|  |  |
| Date 90-day milestone was achieved: | Click to enter |
|  |
| Work Schedule/Hours: | Click to enter |
|  |
| Hourly Rate of Pay for the four weeks prior to achievement of 90-day milestone: | Click to enter |
|  |
| Type of Placement: |[ ]  Individual |[ ]  Group |[ ]  Other  | Click to enter |
|  | Describe (If this is a group placement, describe how this site is considered an integrated work setting): |
|  | Click to enter |
|  |
| Benefits: |
| Click to enter |
|  |  |  |  |  |  |  |
| List any hiring incentives utilized (WTO, OJT, Tax Credit, etc.): |
| Click to enter |
|  |  |  |  |  |  |  |

**Section 2: Hourly Wage Incentive Requirements**

|  |  |
| --- | --- |
|  |  |
| a. | Did the participant earn at or above $17.00 (Region 1) $15.70 (Regions 2 & 3) per hour during the last four weeks of employment prior to reaching the 90-day milestone? |
|  |  |[ ]  Yes |  |[ ]  No |  |  |
|  | Please note proof of wage is required to be submitted along with the 933x (Pay stubs or employer certification from four-week period prior to 90-day milestone).  |
|  |  |  |  |  |  |  |  |  |

\*The earnings level (hourly wage required to achieve this quality wage incentive) will be adjusted upward based on an increase in minimum wage occurring during the contract period. Adjustment to the required wage level will equal the amount of the increase in minimum wage.

|  |
| --- |
| **Completed By:**  |
|  |  | Click to enter |
| Signature |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |