



**Job Placement Services  
958X-Community Work Experience**

AV#:	(7 digits)
ACCES-VR ID#:	(6 digits)
CAMS ID #:	(10 digits)

VR District Office:	Provider:
VRC Name:	NYS Fiscal System ID:
	Report Date:

Participant First Name:	Participant Last Name:
Participant Phone Number:	
Participant Email Address:	

This serves as a reimbursement request for minimum wage, not the prevailing wage if different, plus an administrative cost for payroll issues for up to 320 hours of paid work experience.

**Start Date of Work Experience:**

**Anticipated Completion Date of Work Experience:**

**Indicate Last Date of Contact if Drop Out Applies:**

**Employer-based Work Experience Business Name:**

**Work Experience Business Location:**

**Anticipated Work Experience Schedule:**

**Please indicate why the employer was unable or unwilling to place the ACCES-VR participant on their payroll.**

**Number of hours utilized for this report:**

**VR-958X**

Duplicate paystubs must be attached and should reflect the above number of hours submitted in this report.

**Total hours utilized to date:**

The vendor is responsible for withholding federal, state, local tax (in some locations) and Federal Insurance Contributions Act (FICA) which includes Social Security and Medicare taxes

**Completed By:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Phone Number:

Email: