Pre-Employment Transition Services (Pre-ETS)

963X- Work-Based Learning 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:

Student First Name: Student Last Name:
Student Phone Number: Student Age:
Student Email Address:

This serves as a reimbursement request for wage, plus an administrative cost for up to 320 hours of paid work experience. Participants must be paid minimum wage or above.

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:

Work Experience Schedule:

Please confirm the employer has not placed the ACCES-VR participant on their payroll.

Number of hours utilized for this report:
VR-963X

Copies of 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:**

<table>
<thead>
<tr>
<th>Staff Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Printed Name</td>
<td>Title</td>
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<tr>
<td>Phone Number:</td>
<td>Email:</td>
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