



**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:

Staff Signature

Date

Printed Name

Title

Phone Number:

Email: