

**VR-559X**

**Job Placement Services**

**559X-Work Experience Development**

|  |  |  |
| --- | --- | --- |
| 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 |

|  |  |
| --- | --- |
| **Participant’s Vocational Goal:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
|  |[ ]  **Paid Experience** |[ ]  **Unpaid Experience** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Start Date of Work Experience:** | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| **Anticipated Completion Date of Work Experience:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Indicate Last Date of Contact if Drop Out Applies:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Employer-based Work Experience Business Name:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Work Experience Business Location:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Anticipated Work Experience Schedule:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Below Describe the Work Experience in Detail (Include Job Tasks):** |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |

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