



**VR-559X
Job Placement Services**

559X-Work Experience Development

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:	

Participant's Vocational Goal:

- Paid Experience Unpaid 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:**

Below Describe the Work Experience in Detail (Include Job Tasks):

Completed By:

Qualified Staff Signature

Date

Printed Name

Title

Phone Number:

Email: