

**Job Placement Services**

**958X-Community Work Experience**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

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

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| 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:** | | | | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | |  |  | | |  | | | | |  |  | | |  | |  |
| **Please indicate why the employer was unable or unwilling to place the ACCES-VR participant on their payroll.** | | | | | | | | | | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | |  |  | | |  | | | | |  |  | | |  | |  |
| **Number of hours utilized for this report:** | | | | | | | | | Click to enter | | | | | | | | |  | |  |
| Duplicate paystubs must be attached and should reflect the above number of hours submitted in this report. | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | |  |  | | |  | | | | |  |  | | |  | |  |
| **Total hours utilized to date:** | | | | | | | Click to enter | | | | | | | | | | | | | |
|  | |  |  | |  |  | | |  | | | | |  |  | | |  | |  |
| 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 | | | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- |
| **Completed By:** | | | | |
|  | |  | Click to enter | |
| Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |