



**Job Placement Services  
Work Experience Development**

**Unit of Service: 1 (Flat Rate)**

Authorization #	
Aware Participant ID	

VR District Office:	Vendor:
VRC Name:	SFS Vendor ID:
	Report Date:

Customer First Name:	Customer Last Name:
Customer Phone Number:	
Customer Email Address:	

Paid Experience     
  Unpaid Experience

<b>Work Experience Development Details</b> <b>This is a Final Report Submitted for Payment</b>
<b>Customer's Employment Goal:</b>
<b>Employer-Based Work Experience Business Name &amp; Address:</b>
<b>Work Experience Start Date:</b>
<b>Anticipated Completion Date of Work Experience:</b>
<b>Date of Last Contact if Customer Dropped Out of Service:</b>
<b>Work Experience Schedule:</b>
Please describe the Work Experience in Detail (Include Title and Job Tasks):

**Completed By:**

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Printed Name

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Title

Phone:

Email: