



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

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

Completed By:

Printed Name

Title

Phone:

Email: