



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: