

**Supported Employment Services**

**Job Retention (Hours per Week)**

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| --- | --- |
| Authorization #  |  Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID  |

|  |  |
| --- | --- |
| VR District Office: Click arrow to select office. | Vendor: Click to enter vendor name |
| VRC Name: Click to enter.  | SFS Vendor ID: SFS Vendor ID. |
|  | Report Date: Click to enter a date. |

|  |  |
| --- | --- |
| Customer First Name: Click to enter | Customer Last Name: Click to enter |
| Customer Phone Number: Click to enter |
| Customer Email Address: Click to enter |

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| **Employment Details****This is a Final Report Submitted for Payment** |
| **Job Title:** (***Note:*** Title should match IPE Employment Goal) | Click here to enter Job Title |
| **Business (Employer) Name:** | Click here to enter Business Name |
| **Business Address:** | Click here to enter Business Address |
| **Supervisor:** | Click here to enter Supervisor Name |
| **Employment Start Date:** | Click here to enter Start Date. |
| **Employment Stabilization Date:** | Click to enter a stabilization date. |
| **Date 90-day Retention Achieved:** (***Note:*** milestone is achieved after 90 days from ***stabilization date above***) | Click here to enter 90-Day Retention Date. |
| **Work Schedule / Hours:** | Click here to enter Work Schedule (days / hours) |
| **Wage Information:** (Documentation of hours & wages at job retention required for payment) | Click here to enter hours and wage information. |
| **Medical Benefits:** | [ ]  Yes [ ]  No  |
| **Other Benefits:** | Click here to enter benefit information.Write **None** if not applicable. |
| List any **Hiring Incentives** utilized (WTO, OJT, Tax Credit, etc.): | Click here to enter any hiring incentives, or **None** if not. |
| **Hours Per Week Bonus Requirements** |
| **Documentation of Customer Hours** (***Note:*** Average weekly hours must be 22 hours or more over last 4 weeks) |  [ ]  22 or more hours weekly |  [ ]  Pay stub or other proof |

**I hereby certify that the information submitted on this report is true and correct.**

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|  |  |  |
| Customer Signature |  | Date |
| Enter customer name here. |
| Printed Name |

**I hereby certify that the information submitted on this report is true and correct.**

|  |  |  |
| --- | --- | --- |
| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |