

**Supported Employment Services**

**Job Retention (Hours per Week)**

|  |  |
| --- | --- |
| 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. |