

**Job Placement Services**

**Check Appropriate Box:**

[ ]  **931X - Job Placement**

[ ]  **936X - Job Placement (Deaf Service)**

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

|  |  |
| --- | --- |
| VR District Office: Click 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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| **Job Placement Information** (When available, please attach customer’s employer hire letter)**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’s Name:** | Click here to enter supervisor’s name. |
| **Employment Start Date:** | Click here to enter Start Date. |
| **Work Schedule / Hours:** | Click here to enter Work Schedule (days / hours) |
| **Wage Information:** | Click here to enter wage information |
| **Job Duties:** Please provide a description of job tasks, duties, and responsibilities |
| **Medical Benefits:** | [ ]  Yes [ ]  No  |  |  |  |
| **Other Benefits:** |  Click here to enter benefit information, or None if not applicable. |
| **Any Issues to be Addressed, to promote Job Retention.** | Click here to enter any anticipated issues and support needs  |
| **Additional Comments:** |  Click here to enter text |

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

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