



## Job Placement Services

Check Appropriate Box:

- 931X - Job Placement
- 936X - Job Placement (Deaf Service)

Authorization #	
Aware Case ID	

VR District Office:	Vendor:
VRC Name:	SFS Vendor ID:
	Report Date:

Customer First Name:	Customer Last Name:
Customer Phone Number:	
Customer Email Address:	

<b>Job Placement Information</b> (When available, please attach customer's employer hire letter)	
<b>Job Title:</b>	<i>(Note: Title should match IPE Employment Goal)</i>
<b>Business (Employer) Name:</b>	
<b>Business Address:</b>	
<b>Supervisor's Name:</b>	
<b>Employment Start Date:</b>	
<b>Work Schedule / Hours:</b>	
<b>Wage Information:</b>	
<b>Date of First Paycheck:</b> <i>(Note: pay verification must be attached):</i>	

**VR-931/936X**

<b>Job Duties:</b>
<b>Medical Benefits:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other Benefits:</b>
<b>Any Issues to be Addressed, to promote Job Retention.</b>
<b>Additional Comments:</b>

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

\_\_\_\_\_   
Customer Signature

\_\_\_\_\_   
Date

\_\_\_\_\_   
Printed Name

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

**Completed By:**

\_\_\_\_\_   
Printed Name

\_\_\_\_\_   
Title

Phone:

Email: