



Job Placement Services

Check Appropriate Box:

931X - Job Placement

936X - Job Placement (Deaf Service)

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:	

Job Placement Information (When available, please attach customer's employer hire letter) This is a Final Report Submitted for Payment	
Job Title: (<i>Note:</i> Title should match IPE Employment Goal)	
Business (Employer) Name:	
Business Address:	
Supervisor's Name:	
Employment Start Date:	
Work Schedule / Hours:	
Wage Information:	
Job Duties:	

VR-931/936X

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

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: