

**Job Placement Services**

**Check Appropriate Box:**

**932X - Job Retention Services**

**937X - Job Retention Services (Deaf Service)**

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

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| 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. |

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| 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 Retention Information**  **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 | |
| **Employment Start Date:** | | Click here to enter Start Date. | |
| **Date 90-day Retention:** | | Click here to enter 90-Day Retention Date. | |
| **Work Schedule / Hours:** | | Click here to enter Work Schedule (days / hours) | |
| **Wage Information: (pay stub)** | | Click here to enter wage information | |
| **Essential Functions of the Position:** Please provide a description of job tasks, duties, and responsibilities | | | |
| **Is the Customer meeting the Employer’s expectations?** | | | Yes  No |  |
| **Medical Benefits:** | | | Yes  No |  |
| **Other Benefits:** | Click here to enter benefit information, or write **None** if not applicable. | | |

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| **Is the customer satisfied with Employment Placement?** | Yes  No | | |
| **Is the customer Agreeable to Case Closure?** | Yes  No | | |
| **Is the customer aware that they may reapply for ACCES-VR Services if their employment situation changes?** | Yes  No | | |
| **Describe Retention Services Provided:** Click to enter Retention Services Provided | | | |
| **Additional Comments:** Click here to enter any comments | | | |
| **Was this report submitted within 30 business days from 90-day job**  **retention?** | | Yes | No |
| **If not, please indicate reason(s):** Click here to enter reason for delay. | | | |

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.

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