

Job Placement Service

**Quality Wage Incentive for Vendor**

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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 |

Section 1: Employment Details

(*Note:* Paystubs or employer certification of hours and wages for final four-week period are required)

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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 to enter Job Title |
|  **Business (Employer) Name:** | Click to enter Business Name |
| **Business Address:** | Click to enter Business Address |
| **Employment Start Date:** | Click to enter Start Date. |
| **Supervisor’s Name(s):** | Click to enter Supervisor’s Name |
| **Date 90-day Retention:** | Click to enter 90-Day Retention Date. |
| **Work Schedule / Hours:** | Click to enter Work Schedule (days / hours) |
| **Hourly Wage during 4-weeks prior to 90-Day Milestone:** | Click to enter wage information |
| **Medical Benefits:** | [ ]  Yes [ ]  No  |  |  |  |
| **Other Benefits:** |  Click to enter benefit information or write **None** if not applicable. |
| **List any Hiring Incentives** (WTO, OJT, Tax Credit, etc) | Click to enter text. |

**Section 2:**

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| **Hourly Wage Incentive Requirements** (***Note:*** The Hourly Wage required to achieve the quality wage incentive, will be adjusted based  on increases in the NYS minimum wage in your region, occurring during the service period). |
| Was the Customer earning above the New York State minimum wage in your region, for the final four weeks prior to the completion of the 90-day period.  |  [ ]  Yes [ ]  No  |
| Is Hourly **Wage** **Verification**, for the preceding four weeks prior to 90-Day retention included with report? |  [ ]  Yes [ ]  No  |

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. |