

Job Placement Service

**Quality Wage Incentive for Vendor**

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

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

|  |  |
| --- | --- |
| 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)

|  |  |
| --- | --- |
| **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:**

|  |  |
| --- | --- |
| **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.

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