



**Job Placement Service  
Quality Wage Incentive for Vendor**

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:	

**Section 1: Employment Details**

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

<b>Job Retention Information</b>	
<b>This is a Final Report Submitted for Payment</b>	
<b>Job Title:</b> ( <i>Note:</i> Title should match IPE Employment Goal)	
<b>Business (Employer) Name:</b>	
<b>Business Address:</b>	
<b>Employment Start Date:</b>	
<b>Supervisor's Name(s):</b>	
<b>Date 90-day Retention:</b>	
<b>Work Schedule / Hours:</b>	
<b>Hourly Wage during 4-weeks prior to 90-Day Milestone:</b>	
<b>Medical Benefits:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other Benefits:</b>	
<b>List any Hiring Incentives</b> (WTO, OJT, Tax Credit, etc)	

**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:**

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

\_\_\_\_\_  
Title

Phone:

Email: