

**Job Placement Services**

**Community Work Experience Wage Reimbursement**

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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 |

This serves as a reimbursement request for minimum wage, not the prevailing wage if different, plus an administrative cost for payroll issues for up to 320 hours of paid work experience.

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| Community Work Experience Details |
| Employer-Based Work Experience Business Name & Address: | Click here to enter Business Name and Address |
| Work Experience Start Date: | Click here to enter a date. |
| **Anticipated Completion Date of****Work Experience:** | Click here to enter a date. |
| **Work Experience Schedule:** | Click here to enter work schedule-days & hours |
| **Last Date of Contact if** **Customer Dropped Out of Service:** | Click to enter a date (if applicable). |
| **Indicate why the employer was unable or unwilling to place the ACCES-VR customer on their payroll.** Click here to enter Payroll Explanation. |
| **Number of hours utilized for this report:** Click to enter Hours. |
| **Total Number of Hours utilized to Date:** Click to enter Hours. |

***Note:*** Duplicate paystubs must be attached and should reflect the above number of hours submitted in this report.

The vendor is responsible for withholding federal, state, local tax (in some locations) and Federal Insurance Contributions Act (FICA) which includes Social Security and Medicare taxes

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