



**Job Placement Services  
Community Work Experience Wage Reimbursement**

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:	

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.

<b>Community Work Experience Details</b>
<b>Employer-Based Work Experience Business Name &amp; Address:</b>
<b>Work Experience Start Date:</b>
<b>Anticipated Completion Date of Work Experience:</b>
<b>Work Experience Schedule:</b>
<b>Last Date of Contact if Customer Dropped Out of Service:</b>
<b>Indicate why the employer was unable or unwilling to place the ACCES-VR customer on their payroll</b>
<b>Number of hours utilized for this report:</b>

**VR-958X**

**Total Number of Hours utilized to Date:**

**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

**Completed By:**

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Printed Name

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Title

Phone:

Email: