

**Pre-Employment Transition Services (Pre-ETS)**

**Work-Based Learning Experience**

**Check Appropriate Box:**

**963X - Eligible Student**

**1001X - Potentially Eligible Student**

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

|  |  |
| --- | --- |
| VR District Office: Click to select office. | Vendor: Click to enter vendor name. |
| VRC Name: Click to enter. | SFS Vendor ID: SFS Vendor ID. |
| Month of Service: Click to enter month. | Report Date: Click to enter a date. |

|  |  |
| --- | --- |
| Student First Name: Click here to enter | Student Last Name: Click here to enter |
| Student Phone Number: Click here to enter | Student Age: Click here to enter |
| Student Email Address: Click here to enter | |

This serves as a reimbursement request for wages, plus an administrative cost for up to 320 hours of paid work experience. Participants must be paid minimum wage or above.

**Unit of Service is Each Hour Worked**

|  |  |  |
| --- | --- | --- |
| Work-Based Learning Experience | | |
| 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). | |
| Number of hours utilized for this report: | | Enter Hours used during report period |
| ***Note:*** Copies of paystubs must be attached and should reflect the above number of hours submitted in this report. | | |
| Total hours utilized to date: Click to enter Total Hours Used to Date  **Note:** 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:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |