



Pre-Employment Transition Services (Pre-ETS) Work-Based Learning Experience

Check Appropriate Box:

- 963X - Eligible Student
- 1001X - Potentially Eligible Student

Authorization #	
Aware Participant ID	

VR District Office:	Vendor:
VRC Name:	SFS Vendor ID:
Month of Service:	Report Date:

Student First Name:	Student Last Name:
Student Phone Number:	Student Age:
Student Email Address:	

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:
Work Experience Start Date:
Anticipated Completion Date of Work Experience:
Work Experience Schedule:
Last Date of Contact if Customer Dropped Out of Service:

VR-963X / VR-1001X

Number of hours utilized for this report:	
Note: Copies of paystubs must be attached and should reflect the above number of hours submitted in this report.	
Total hours utilized to date: The vendor is responsible for <u>withholding</u> federal, state, local tax (in some locations) and Federal Insurance Contributions Act (FICA) which includes Social Security and Medicare taxes	

Completed By:

_____	_____
Printed Name	Title
Phone:	Email: