



Job Placement Services Monthly Placement Activity Report

Check Appropriate Box:

- 557X Work-Based Learning Experience Development (Student)
- 559X Work Experience Development (Adult)

Authorization #	
Aware Participant ID	

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

Customer First Name:	Customer Last Name:
Customer Phone Number:	
Customer Email Address:	

Service Information
<p>Summarize the services provided during the report month: (Activities, number of contacts with the customer, level of customer participation, barriers addressed, and ongoing issues needed to be resolved)</p> <p>Hours of service provided this report month:</p>

VR-WBLE-MPAR

Completed By:

Printed Name

Title

Phone:

Email: