

Work-Site Placement Reporting Form

FOR NON-EMPLOYER PAID PLACEMENTS IN WORK SITES

Please complete the following information for each VR customer placed in an employer's work site to do job shadowing or participate in a work experience, training program, etc. Include people who receive a stipend from us, do not complete for anyone receiving wages from the employer, such as an OJT participant.

PART I: Complete when customer starts a program.

Customer Name _____

Counselor Name _____

Name and Address of Company _____

Major product or service of company _____

Type of work performed/observed by VR customer at the worksite
(e.g., clerical, classroom/janitorial, auto body repair, etc.)

Beginning date at worksite _____ Expected ending date at worksite _____

PART II: Complete when customer ends the program and send form to James Smith in Central Office.

Total hours VR customer was in classroom training at the employer's worksite _____

Total hours VR customer was in non-classroom situation at the employer's worksite _____

Date Received in CO _____