# PLACEMENT NOTIFICATION

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| **PARTICIPANT:**  | **DATE:**       |
| **CRP:** | **COUNSELOR:**  |

##

### EMPLOYER SITE INFORMATION

## **Name Business/Company:**

**Address:**

**Phone:**

**Name of Supervisor Employee Reports to:**

**Is it okay to contact employer?** **[ ]  Yes** **[ ]  No**

**If yes please give details on how employer prefers communication:**

**Job Title (Position):**

**Duties (General):**

**Work Schedule (day/hours):**

**Number of hours per week:**

**Salary or Hourly Wages:**

**Benefits:**

**Date of Hire:**

**Date to Begin:**

**Length of Probation in months:**

### Competitive Integrated Employment: [ ]  Yes [ ]  No

### Ongoing Support Services Needed?: [ ]  Yes [ ] No

### If yes please provide more information to VRC

**Training Aids/Assistance Needed:**

**Worker Transportation To/From:**

**FOR OFFICE USE ONLY**

**Counselor spoke with participant to discuss job placement**: [ ]  Yes [ ]  No

**Discuss employment verification information with participant:** [ ]  Yes [ ]  No

**Counselor authorizes Job Analysis Report**: [ ]  Yes [ ]  No