Progressive Employment

PARTICIPANT PLACEMENT FORM

Please complete this form to verify Participant Placement, Employer Information, and CRP Request. Please submit this form for worksite approval to VRC and Charles.A.Lewis@doe.nh.gov

PARTICIPANT CONTACT INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant Name: |  | | DATE: |  |
| Address: |  | | COUNSELOR: |  |
| City, State, ZIP: |  | | | |
| Email: |  | Phone #: | |  |
| Guardian Name: |  | Comment: | |  |
| Address: |  | | | |
| City, State, ZIP: |  | | | |
| Email: |  | Phone #: | |  |

EMPLOYER SITE INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Business/Company: |  | | |
| Address  (Street, City, State, Zip): |  | | |
| Name of Supervisor Participant Reports to: |  | | |
| Phone #: |  | Email: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Work Schedule Day: | SUN | MON | TUE | WED | THU | FRI | SAT |
| Work Schedule Hours: |  |  |  |  |  |  |  |
| Number of Hours per Week: |  | | Total Projected Number of Hours | | |  | |
| Date to Begin: |  | | Projected End Date: | | |  | |

Verify Hours/Schedule with Participant and Employer

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** |  | **Date** | -Digital Signature Agreement |

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant** |  | **Date** | -Digital Signature Agreement |

|  |  |  |  |
| --- | --- | --- | --- |
| **CRP Provider** |  | **Date** | -Digital Signature Agreement |

EMERGENCY CONTACTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supports Name: |  | Company: |  | |
| Address: |  | Comment: |  | |
| City, State, ZIP: |  | | | |
| Email: |  | Phone #: |  | |
| Supports Name: |  | Company: |  | |
| Address: |  | Comment: |  | |
| City, State, ZIP: |  | | | |
| Email: |  | Phone #: | |  |

CRP REQUEST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CRP Agency: |  | | Staff: |  |
| Hours Requested: | |  | | |
| What supports will be provided: | |  | | |

Additional Employment Forms And Documentation:

The following forms must also be filled out and submitted

|  |  |
| --- | --- |
| McIntosh PE Payroll Verification | Please fill out this form and have participant sign. Submit with all documents to Charles.A.Lewis@doe.nh.gov |
| McIntosh Emergency Contact | Please fill out this form. Submit with all documents to Charles.A.Lewis@doe.nh.gov |
| USCIS Form I-9 | Please fill out the First Section of this form and have participant sign. Submit with all documents to Charles.A.Lewis@doe.nh.gov |
| Identification | On page 2 of the I-9 form it lists acceptable documents for identification. Please scan and submit clear and readable photocopies or PDFs of the forms of ID. Most Common (State ID or Driver’s License and Social Security Card) |
| USIRS Form W-4 | Please fill out this form and have participant sign. Submit with all documents to [Charles.A.Lewis@doe.nh.gov](mailto:Charles.A.Lewis@doe.nh.gov) |

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| --- | --- | --- |
| |  | | --- | | **Please provide feedback on the usefulness of this report, complications, questions, and any other comments to help us develop this form. Thank you!** (Copy and paste into email and submit to Jobsville Facilitator) | |  | |