**30 DAYS**  **60 DAYS**  **90 DAYS**

Participant:       Counselor:

Employer/Address:

Supervisor/Manager:       Work Phone:

Job Title:

Rate of Pay:       Hours per Week:

Start Date:       Today’s Date:

Health Insurance Benefits:       Yes       No

Participant/Representative Signature:       Date:

Job Developer Signature:       Date:

Supervisor/Employer Signature:       Date:

**List any issues or concerns that may need to be addressed**

(Provide supplementary report or continue on new page if more space is required)

**Consistent Contact is Required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time | Method | Spoke/Met | Result |
|  |  | Text/Email  Telephone  Job Site Visit  Other: | Employer  Participant  Other: |  |
|  |  | Text/Email  Telephone  Job Site Visit  Other: | Employer  Participant  Other: |  |
|  |  | Text/Email  Telephone  Job Site Visit  Other: | Employer  Participant  Other: |  |
|  |  | Text/Email  Telephone  Job Site Visit  Other: | Employer  Participant  Other: |  |

Form and a copy of the participant’s most recent paystub (if this form is not signed by the employer) to be submitted with each bill for payment of successful employment progress. Please submit the completed form to the Business Development Team at businessdevelopment@detr.nv.gov