**Participant Name:**       **Case ID#:**       **Counselor:**

**Employer who issues the paycheck:**

**Employment site** (name of company where work is completed if different from issuer of paycheck):

**Address:**

**Supervisor:**       **Phone:**

**Start Date:** (*date participant begins earning wages):*

**Rate of Pay:**      [ ]  hourly [ ]  weekly [ ]  monthly

[ ]  **Full Time** [ ]  **Part Time** (# of hours per week):

 If part time: [ ]  Set number of hours per week

[ ]  Number of hours per week varies: **Min**#      **Max#**

**Work Schedule:** [ ]  **Varies by Week** [ ]  **Regular Schedule** (days and times):

**Benefits:** [ ]  Health Insurance **If yes**, participant eligible:

[ ]  First Day [ ]  Three Months [ ]  Six Months [ ]  Other

[ ]  Annual Leave [ ]  Sick Leave [ ]  Retirement Plan

[ ]  Paid Holidays [ ]  Other

**Probationary Period:** [ ]  Three Months [ ]  Six Months [ ]  One Year [ ]  Other

**Job Title:**

**Job Duties** (attach job description or describe below):

**Participant/Representative Signature**       **Date:**

(Indicates participant is in agreement with job as described above)

**Employer Signature**       **Date:**

**Job Developer Signature**       **Date:**

Please submit the completed form to the Business Development Team at businessdevelopment@detr.nv.gov

**TO BE COMPLETED BY JOB DEVELOPER AND PARTICIPANT**

**IPE Vocational Goal:**

**Placement is consistent with IPE Goal:** [ ]  Yes [ ]  No

**If no:** Is placement consistent with participant’s employment factors (strengths, resources, priorities, concerns, abilities and capabilities) as well as interests and informed choice **AND** did the counselor pre-approve the alternative placement before it took place?

[ ]  Yes [ ]  No Explain:

**Is placement within the referral criteria provided by BVR?** [ ]  Yes [ ]  No

**If no:** Was it pre-approved by the counselor in writing before the placement was made?

 [ ]  Yes, Provide date of pre-approval:

[ ]  No, Explain:

**Placement is in an integrated setting and the participant is earning pay and benefits at the same rate as other employees without disabilities who do the same or a similar job and is earning no less than the State minimum wage?** [ ]  Yes [ ]  No If no, explain:

**Position is Permanent:** [ ]  Yes [ ]  No

**If no,** Explain and include estimate of duration:

**Participant is satisfied with job offer including the rate of pay, job duties, hours, location etc.:** [ ]  **Very Satisfied** [ ]  **Mostly Satisfied** [ ]  **Somewhat Satisfied** [ ]  **Not Satisfied**

[ ]  **Very Unsatisfied**

[ ]  **Would like something better but willing to start here** (for example: to gain experience, or something better not available – such as no business is located conveniently to the participant’s home, therefore he/she must work a distance from his/her home).

If answer is other than “very satisfied” or “mostly satisfied”, please explain:

**Other Participant Comments** (optional):

**Other Job Developer Comments** (optional):

**Participant/Representative Signature**       **Date:**

**Job Developer Signature**       **Date:**

Please submit the completed form to the Business Development Team at businessdevelopment@detr.nv.gov