

# Placement Report

(Permanent from Internship)

Individual's Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

DRS Counselor Name: \_\_\_\_\_ Contract: \_\_\_\_\_

Employer (Business name): \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Employer Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*First and Last Name Include area code*

Individual's Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Total Hours per Week: \_\_\_\_\_  
*Rate, Type (hourly, weekly, monthly, annual or estimated commission)*

## Work Schedule:

| Sample         | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------|--------|--------|---------|-----------|----------|--------|----------|
| 6:00a – 10:00a |        |        |         |           |          |        |          |
| 4:00p – 8:00p  |        |        |         |           |          |        |          |

Dates of first five (5) days of employment: \_\_\_\_\_

Benefits available:  Full/partial health insurance  Sick leave  Vacation  Retirement

Other: \_\_\_\_\_

## Description of individual's job duties:

## Summarize individual's response to job duties, environment, work schedule etc. and EC's observations:

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Select "YES", "NO", or "N/A" in response to each statement below:

YES  NO      The **ESS-C-157**—*Pre-Placement Information Form* was emailed to the DRS Counselor and ESS TA **prior** to or on the start date.

YES  NO  N/A      The **ESS-C-185**—*Job Accommodation Form* was completed.

YES  NO      Internship resulted in competitive integrated employment.

EC Name: \_\_\_\_\_ Date: \_\_\_\_\_