CID#: _____

Record of Hours Worked

Clear Form

Individual: _____ DRS Counselor: _____

Contractor: _____ Employment Consultant: _____

Contract: Select Contract Service: _____

Employer: _____ Job Title: _____

Week # 1		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	**Date**						
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:		**0.00**	**0.00**	**0.00**	**0.00**		

Weekly Comments:

CID#: _____

Record of Hours Worked

Individual: _____ DRS Counselor: _____

Contractor: _____ Employment Consultant: _____

Contract: Select Contract Service: _____

Employer: _____ Job Title: _____

Week # 2		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal:
Day	**Date**						
1							
2							
3							
4							
5							
6							
7							
Pg. 2 Total Hours:		**0.00**	**0.00**	**0.00**	**0.00**		

Weekly Comments:

CID#: _____

Record of Hours Worked

Individual: _____ DRS Counselor: _____

Contractor: _____ Employment Consultant: _____

Contract: Select Contract Service: _____

Employer: _____ Job Title: _____

Week # 3		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal:
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 3 Total Hours:		0.00	0.00	0.00	0.00		

Weekly Comments:

CID#: _____

Record of Hours Worked

Individual: _____ DRS Counselor: _____

Contractor: _____ Employment Consultant: _____

Contract: Select Contract Service: _____

Employer: _____ Job Title: _____

Week # 4		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal:
Day	**Date**						
1							
2							
3							
4							
5							
6							
7							
Pg. 4 Total Hours:		**0.00**	**0.00**	**0.00**	**0.00**		
Monthly Total Hours:		**0.00**	**0.00**	**0.00**	**0.00**		

Weekly & Milestone/Service Completion Comments:

Submitted by: _____ Date Submitted: _____