

JOBS 60 Day Completion Report

Individual's Name: _____

Address: _____
Street Address City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____

Employer (Business Name): _____

Employer's Address: _____
Street Address City State Zip Code

Employer Contact: _____ Phone Number: _____
First and Last Name

Individual's Job Title: _____ Start Date: _____

Starting Hourly Wage: _____ Current Hourly Wage: _____ Total Hours Per Week: _____

Benefits available: ☐ Full/partial health insurance ☐ Sick leave ☐ Vacation ☐ Pension plan

☐ Other: _____

Brief description of individual's job duties:

If individual has had more than one (1) job during this 60-Day Period, List the Employer, Job Title, Start Date & End dates of previous jobs:

Select "YES" OR "NO" in response to each statement below or leave blank if not applicable:

YES	NO	The Pre-Placement information was emailed to the DRS Counselor and ESS TA prior to Placement.
YES	NO	If a SSI/SSDI recipient, the individual or his/her legal guardian, payee or Representative signed and dated the Agreement to Report SSA Earnings and received the SSA Earnings Report Letter.
YES	NO	Individual has completed 60 Calendar days of employed status.

EC Name: _____

Date: _____