

Termination & Re-Placement Report

Individual's Name: _____ Contractor Name: _____

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

Current Contract: ER; JP; JOBS; SE; SES

Milestone/Service: _____ Vocational Goal from IPE: _____

Job Termination

Employer (Business Name): _____

Individual's Job Title: _____

Start Date: _____ Termination Date: _____ Actual hours per week: _____

Length of Employment: _____ Starting Wage: _____ Hourly Wage at Termination: _____

Reason(s) for Termination (be specific *): _____

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

Other: _____

Re-Placement in New Job

Employer (Business Name): _____

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

Employer Contact _____ Phone Number: _____
First, Last Name, Title Include Area Code

Individual's Job Title: _____ Start Date: _____

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

Other: _____

Starting Hourly Wage: _____ Total Hours per Week: _____ SE Weekly Work Goal: _____

Work Schedule: (Use no spaces, e.g. 8:00a-12:00p (Shift 1) 1:00p-5:00p (Shift 2))

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1							
2							

Brief Description of Job Duties:

Client Needs:

DRS Counselor: _____ ESS TA: _____

EC Name: _____ Date: _____