

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Supported Employment
JOB PLACEMENT REPORT

Reporting Month and Year: September 2023

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: Rosalie Representative

VR Participant Name: Patty Participant

VR Counselor Name: Jane Counselor

DVR Purchase Order #: 07000001

Employment Information

Starting Date of Employment (MM/DD/YYYY): 09/12/2023

Full Time Part Time

Employer's Name: Animal Clinic

Employer's Address: 1234 Employer Ln., Honolulu, HI, 96804 / New Office Location December 2023:
4567 Employer Ave., Honolulu, HI, 96816

Employer's Contact Person: Eli Employer

Employer's Contact Person Job Title: Director of Operations

Employer's Contact Phone Number or Email Address: 808-000-0000

Does the VR Participant give consent for DVR to contact their Employer? Yes No

VR Participant Job Title: Veterinary Technician

VR Participant Job Duties: General office duties: Greeting of customers, data entry of customer
information in office's database, phone calls, maintaining cleanliness of office, etc.

VR Participant Rate of Pay for Position: \$16.00 Per Hour Annually

Frequency of Pay: Weekly Biweekly Semimonthly Other _____

Pay Range for this Position: \$16.00 - \$18.00 per hour

Work Hours Per Week: 20-30

VR Participant Job Modifications/Accommodations: None currently

Benefits Available: Yes No

Medical/Health Insurance with Hospitalization: Yes No N/A

Sick Leave: Yes No N/A

Paid Vacation: Yes No N/A

Pension Plan: Yes No N/A

The VR Participant's wage and benefits are at a level paid to non-disabled individuals for the same or similar work. Yes No (if no, please explain): _____

****Submission of pay stub, offer letter, or other supporting documents that verify employment (wage, benefits, start date, etc.) is required****

Supporting Documents included: Pay Stub Offer Letter Other _____

VR Participant's Signature: _____ Patty Participant Date: 9/12/23

If the VR Participant's signature is not obtained, include justification: _____

Vendor Representative Signature: _____ Rosalie Representative Date: 9/12/23

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