**Maine Department of Labor**

**Bureau of Rehabilitation Services**

**Community Rehabilitation Provider (CRP) Employment Placement Report**

|  |  |  |  |
| --- | --- | --- | --- |
| **VR Client (Employee) Name:** |       | **Date**: |       |
| **CRP** **Agency:** |       |
| **Employment Specialist:** |       |
| **VR** **Counselor:** |       |
| **Employer Site Information** |
| **Business Name:** |       | **Business DBA:** |       |
| **Type of business:** |       |
| **Address:** |       | **County:** |       |
| **Phone:** |       |
| **Employee’s Supervisor:** |       |
| **Employee Information** |
| **Job title (Position):** |       |
| **Job Duties:**  |       |
| **If this job is different than the IPE goal, please explain and describe steps to**  |
| **amend IPE:** |       |
| **Work Schedule (Days/Hours):** |       |
| **Is this position :**  | Permanent[ ] Seasonal[ ]  | **Position Comments:** |
|       |
| **Salary/ Wages:** |       | **Benefits:** |       |
| **Employment Start Date:** |       |  |
| **Initial Placement Information** |
| **Type of Support Needed**: | **On-Site****[ ]** **Off-Site****[ ]** **None Required****[ ]**  |  |
| **Comments:** |       |
| **Training Aids/ Assistance Needed:** |       |
| **Employee Transportation –to/from**: |       |