**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**: | | | | | | | | | | | | | | | | |  | | | | | | | | | | |