

Provider:  
Provider Staff:  
Date of Report:

## Placement Letter

Client Name: VR Counselor:  
Date of Birth: Employer Contact / Title:  
Employer: Supervisor:  
Employer Address: Employer Phone:  
County of Employment: Hourly Wage:  
Employment Start Date: Hours Per Week:  
Job Title: Job Site Accommodations / Assistive Technology:  
Job Duties:

Fringe Benefits:  None  Paid Vacation  Paid Sick Leave  
 Health / Dental / Vision Insurance  Retirement  
 Other:

### Employee's orientation to the job included the following checked items:

<input type="checkbox"/> Conditions of maintaining employment	<input type="checkbox"/> Health and safety practices
<input type="checkbox"/> Job description	<input type="checkbox"/> Policies for transfer
<input type="checkbox"/> Wage payment practices	<input type="checkbox"/> Employment options available in the business
<input type="checkbox"/> Work rules and customs	<input type="checkbox"/> Job advancement
<input type="checkbox"/> Responsibilities of the employee	<input type="checkbox"/> Conditions for advancement
<input type="checkbox"/> Conflict resolution procedures	<input type="checkbox"/> Career opportunities and requirements
<input type="checkbox"/> Employee classifications in the business	<input type="checkbox"/> Job retention
<input type="checkbox"/> Union membership policies, if applicable	<input type="checkbox"/> Improved benefits
<input type="checkbox"/> Nondiscrimination practices	

New employee received the same orientation from employers as available to all employees.  
 New employee received some or all of the above information from the provider staff.