Name of CRP:

**PLACEMENT LETTER**

|  |  |
| --- | --- |
| Client Name:      |  |
| Job Title:       | Start Date:       |
| Employer:       | Contact/Title:       |
| Address:       | Supervisor:       |
| Phone Number:       |  |
| Hourly Wage:       | Hours per week       |
| Benefit Eligibility: [ ]  None [ ] Paid Vacation [ ]  Paid Sick Leave [ ]  Health/Dental/Vision Ins. |
|  [ ]  Retirement [ ]  Other |
| Duties Include:       |
| Date of Client’s First Paycheck:       |

Employee’s orientation to the job included the following checked items:

 [ ]  Conditions of maintaining employment [ ]  Health and safety practices

 [ ]  Job description [ ]  Policies for transfer

 [ ]  Wage payment practices [ ]  Employment options available in the

 [ ]  Work rules and customs business

 [ ]  Responsibilities of the employee [ ]  Job advancement

 [ ]  Conflict resolution procedures [ ]  Conditions for advancement

 [ ]  Employee classifications in the business [ ]  Career opportunities & requirements

 [ ]  Union membership policies, if applicable [ ]  Job retention

 [ ]  Nondiscrimination practices [ ]  Improved benefits

 [ ]  New employee received the same orientation from employers as available to all employees.

 [ ]  New employee received some or all of the above information from CRP staff.

**Address support needs as apporpriate**

**Category Support**

|  |  |
| --- | --- |
| Job Specific Support Needs:      |       |
| Specific Job Accommodations:       |       |
| Health/Safety Risks:       |       |
| Transportation Plan:       |       |
| Other :       |       |
| Other:       |       |
| **Comments:**       |

I, the service provider, certify that all services, as documented within; including dates and times, are accurate to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
| First and Last Name (print):      | Signature of Service Provider: | Date:      |