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: |