



**NEW MEXICO  
DIVISION OF  
VOCATIONAL  
REHABILITATION**

**Placement Form  
Job Developer**

Form 4.0

Please report employment **immediately** to VRC, RT, and Secretary via phone, email or fax, notification of the placement is imperative for tracking/payment purposes. Please complete this form and return to your participants' office as quickly as possible. This information is necessary to update the case in AWARE Thank you for your immediate attention to this matter.

VRC:

Job Developer:

Participant Name/Client ID #:

Participant Home/Cell Phone #:

**Placement Information**

**Does Job Placement Match Employment Goal on IPE: Yes  No**

*If no, please contact VRC immediately by phone or email to report (w/in 3days)*

Job Title:

Employment Start Date:

Employer/Company Name:

Employer Address:

Supervisor's Name:

Employer Location Phone: (    )

Participant's Work Phone: (    )

Length of Probation in Months:

Government Employer: Yes  No

Federal OFCCP Contractor: Yes  No

Job Duties (briefly):

Hourly wage: \$

Hours per week:

The wage conforms to federal and state laws regarding minimum wage: Yes  No

Is the participant currently receiving medical insurance? Yes  No

Is medical insurance available through participant's employer? Yes  No

Did participant sign up for the insurance? Yes  No

Did participant sign ROI for permissions to contact employer for follow-up? Yes  No

By signing below, I the job developer, agree with the employment goal, employment conditions, preferences, and/ or interests, of my participant are being met at this employment site. I the job developer am certifying that this is an appropriate employment goal and outcome for this participant.

**Job Developer & Date:**

*Phase 4: Please submit Form 4.0 with Authorization when billing, please be advised that backdating not always an available function. Follow up with VRC regarding Placement Date. Please keep copy for your records*