Employment Transition Record

		Date/Year										
Place of employment:												
Employer address:												
Employer phone	·		Sune	rvisor [.]								
Date employmen	nt started:		Job t	itle:								
, ,	_											
Resume attached: Hourly wage: \$												
Fringe Benefits:												
-												
Job responsibilities:												
On site contact: Role:												
How does this individual assist the employee:												
Who are concerns reported to:												
	Supplies: Location:											
Who do you ask	Who do you ask for more / different supplies:											
Work schedule	Mouls askadula.											
Days	Mon	Tues	Wed	Thurs	Fri	Sat						
Start time	IVIOIT	1 465	vveu	Tiluis	1 11	Sat						
Break time												
Lunch time												
End time												
Total work hours												
Comments rega	Comments regarding work schedule: (Paid time / Non-paid time, total weekly hours)											
HR Related:	UP Polatod:											
Punch in/punch	out proced	lure.										
Frequency of pa	v check:											
How employee g	ets paych	eck:										
Time Off Proced	ure:											
Transportation:_												

Previously stated concerns /deal breakers for employer:
Dress Code: Employee and Job Coach:
History of site: (How did they decide to do SE? Original expectations? Changes is expectations? Potential changes in the future?):
Learning Style / Training Strategies:
Barriers / Issues Related to Employment:
Support strategies/services to address barriers / issues :
Employment environment (integration, natural supports, etc):
Helpful Hints:

JOB DESCRIPTION

	ROUTINE								
(Include transportation, job duties, break, lunch, etc.)									
Time	Task	Job Coach Intervention							