



State of Illinois
Department of Human Services/Division of Rehabilitation Services
WORK SITE FORM

SCHOOL YEAR _____

Student's Name _____ DHS/DRS Case # _____

Employer _____ Work Site Supervisor _____

Address _____ Phone: _____

Job Title _____

Job duties student learner will learn at training site: _____

Beginning Date: _____ Ending Date: _____

Student learner's work schedule: _____ A.M./P.M.

Hours or Shifts Per Week: _____ A.M./P.M.
 (circle one)

_____ Flexible Schedule

SCHEDULE OF WAGES: (check one)

- Time&Attendance _____ Employer Paid _____
- Time&Attendance _____ Employer Paid _____
- Time&Attendance _____ Employer Paid _____
- Time&Attendance _____ Employer Paid _____
- Time&Attendance _____ Employer Paid _____
- Time&Attendance _____ Employer Paid _____
- Time&Attendance _____ Employer Paid _____

SCHEDULE OF DHS/DRS TRAINING FUNDS:

- \$ _____ per hour/shift for _____ wks./mo. (circle one)
- \$ _____ per hour/shift for _____ wks./mo. (circle one)
- \$ _____ per hour/shift for _____ wks./mo. (circle one)
- \$ _____ per hour/shift for _____ wks./mo. (circle one)
- \$ _____ per hour/shift for _____ wks./mo. (circle one)
- \$ _____ per hour/shift for _____ wks./mo. (circle one)
- \$ _____ per hour/shift for _____ wks./mo. (circle one)

Student learner placed on this job site will be evaluated at the end of each school grading period (quarterly). Periodic visits to the work site will be made by the school coordinator at the rate of _____ visits per week/month.

 Employer/Date

 Vocational Coordinator/Date

 S.T.E.P. Liaison Counselor/TS Date