

E&R R4 (4 Week Retention) Milestone Forms List (Optional)

Required Case Documentation for Payment of [ER R4 Milestone](#):

- ® **ESS-C-117** *Travel Log and Invoice* (when travel is authorized, see D. Milestone Rates)
 - ® **ESS-C-133** *DRS Counselor Monthly Update Form(s)* (required only when ER R4 Milestone lasts more than one (1) month, email the form each month to DRS Counselor; submit separately from milestone documentation)
 - ® **ESS-C-185** *Job Accommodation Form* (submit only if new accommodations are implemented or changed during this milestone)
 - ® **ESS-C-225** *Record of Hours Worked*
 - ® **ESS-C-233** *Employment Verification Form* (signed by employee, and employer, if on-site supports provided)
- OR**
- ® **ESS-C-237n** *Current Paystub/Earnings Statement*
 - ® **ESS-C-274** *ER Authorization Request & Milestone Billing Form*
 - ® **ESS-C-338** *R4 Milestone Report* (counts as DRS Monthly Update or final monthly update if ER R4 milestone extends beyond one month)

If termination and/or replacement occurs:

- ® **ESS-C-181** *Termination/Re-Placement Report* (upon Contractor notice of termination, email to DRS Counselor and Cc ESS TA)
- ® **ESS-C-181** *Termination/Re-Placement Report* (prior to or on start date of re-placement, update the above form with new job information, email to DRS Counselor and Cc ESS TA)
- ® **ESS-C-161** *Job Analysis* (completed before first (1st) day of work) (for re-placement, only when onsite supports requested by individual)
- ® **ESS-C-185** *Job Accommodation Form* (for re-placement)

Legend: ® = Required ® = required, if applicable

Record of Hours Worked

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Weekly Comments:							

Record of Hours Worked

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Weekly Comments:							

Record of Hours Worked

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
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Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Weekly Comments:							

Record of Hours Worked

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
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Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Monthly Total Hours:							
Weekly & Milestone/Service Completion Comments:							

Submitted by: _____

Date Submitted: _____

Employment Verification Form

Individual's Name: _____

Employer (Business Name): _____

Employer Address: _____
Street Address City State Zip Code

Employer Contact: _____ Phone Number: _____

Employee Job Title: _____ Start Date: _____

Current Hourly Wage: _____ Total Hours per Week: _____

Benefits Available:

Full/partial health insurance Sick leave Vacation Retirement/401K

Other: _____

YES NO The EC has verified the above information is correct and the individual is still working.

EC Confirming: _____ Date: _____

For employer use only. Check the boxes that apply.

	Satisfactory	Needs improvement	Unsatisfactory
Punctual arrival for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency in task performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (note any concerns, additional support provided, or changes in job duties):

YES NO The Employer and/or Employee has verified the above information is correct and the employee is still working.

Employer Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Employment and Retention (ER) Authorization Request & Milestone Billing Form

Individual's Name: _____ Contractor Name: _____
EC: _____ DRS Counselor: _____
Authorization Number: _____ Authorization Date: _____
Milestone Begin Date: _____ Milestone Completion Date: _____
Invoice Date: _____ Invoice Number: _____
Employment Begin Date: _____

Milestone Billing

Please select the milestone for which you are **billing**: (maximum of one)

Milestone

Assessment (AS) Milestone	\$ 413
Vocational Preparation (VP) Milestone (Optional)	\$ 413
Placement (PL) Milestone	\$ 413
Four Weeks Job Retention (R4) Milestone	\$1,238
Successful Employment (EM) Milestone	\$1,650

FOR DRS USE ONLY Paid Date: _____ by _____

Authorization Request

Please select the milestone(s) (maximum of two at a time) requested for pre-authorization.

Milestone

Assessment (AS) Milestone (Planned Date: _____)	\$ 413
Vocational Preparation (VP) Milestone (Optional)	\$ 413
Placement (PL) Milestone (Request next planned milestone along with PL request)	\$ 413
Four Weeks Job Retention (R4) Milestone (Requested with PL, if planned)	\$1,238
Successful Employment (EM) Milestone (Requested with PL, if R4 NOT planned)	\$1,650

FOR DRS USE ONLY Authorization Number: _____ Date Issued: _____

EC Name: _____ Date: _____