

EMPLOYER JOB-SITE VISITS

_____ Center

For the Month of _____, 20____

[Due 10th of Month]

EMPLOYER ADDRESS/TEL.#	PERSON CONTACTED	VISIT DATE	RESIDENT'S NAME	PERSON MAKING CONTACT (other than Employment Counselor) TYPE CONTACT/COMMENTS

Retention Schedule: Upon completion, this form shall be placed with the Center’s copies of the monthly statistical reports. It will be maintained according to the official retention schedules for Monthly Reports to the State Director’s Office.

EMPLOYER JOB-SITE VISITS
(Last Page)

For the Month of _____, 20____ Center _____ [Due 10th of Month]

EMPLOYER ADDRESS/TEL.#	PERSON CONTACTED	VISIT DATE	RESIDENT'S NAME	PERSON MAKING CONTACT (other than Employment Counselor) TYPE CONTACT/COMMENTS

Residents Employed: _____
Total Center Job Sites at End of Month: _____
Different Job Sites Checked: _____
Residents Checked: _____

Signatures:
Employment Counselor: _____
Asst. Superintendent: _____
Superintendent: _____

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