



OJE/OJT Information

To be completed by Consumer:

- 1. Name: _____
- 2. Address: _____
 PO Box _____ City _____ State _____ Zip _____
- 3. Phone Number: _____
- 4. Gender Female Male

To be completed by VR Staff:

*Verify above information with QE2

- 1. Start Date _____ End Date _____
- 2. Worksite Information:
 Name: _____
 Address: _____
 PO Box _____ City _____ State _____ Zip _____
 Supervisor Name: _____ Phone: _____
- 3. Maximum # of Hours: _____ Rate/Hr.: \$ _____ FTE: _____
- 4. Coding:
 _____ Subledger _____ Subsidiary
- 5. VR Specialist: _____
- 6. VR Office: _____

Completed by: _____