



# OJE/TWE Checklist

	Non-Paid	Paid
OJE	<input type="checkbox"/>	<input type="checkbox"/>
TWE	<input type="checkbox"/>	<input type="checkbox"/>

Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Applicant/Client: \_\_\_\_\_  
Full Name Phone Number

Address City State Zip Code

Applicant/Client Gender:  Male  Female  Did not self-identify

VR Specialist: \_\_\_\_\_  
Full Name Office Location

Business: \_\_\_\_\_

Address City State Zip Code

Business Contact Phone # Email Address

Supervisor Phone # Email Address

Contact Frequency (Supervisor and VR Specialist): \_\_\_\_\_

Job Title for Work Experience: \_\_\_\_\_

Background Check Required:  Yes  No Background Check Shared with Business:  Yes  No

List of Duties: \_\_\_\_\_

Objectives: \_\_\_\_\_

Accommodations/Supports: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Coding (Subledger/Subsidiary): \_\_\_\_\_

Wages Per Hour: \_\_\_\_\_ Total OJE/TWE Hours: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ # of Weeks: \_\_\_\_\_

For unpaid placements, liability is covered by a State Blanket Accident Policy. For paid placements, Worker's Compensation is covered by the State of Nebraska.

**Copies should be provided to Business, NDE HR, and State Office Fiscal.**