



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.: \$ _____
4. Coding:

_____ _____
Subledger Subsidiary
5. VR Specialist: _____
6. VR Office: _____

Completed by: _____