Employment Start Form

Client's ID Number: _______________  Demonstration Project: AZ  CT  MA  MD  ME  PA  SC  TX  
(circle one)  ______________________________________________________________________
Intervention Condition: __________________________________________________________________

Name of Employing Organization: ________________________________________________________________________________

Employment Start Date: ______/_____/_____

<table>
<thead>
<tr>
<th>Salary: $___________________________ per hour/week (circle one) amount (gross salary only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours Worked: _____________________________ per week hours</td>
</tr>
<tr>
<td>Employment Benefits (check all that apply):</td>
</tr>
<tr>
<td>___ medical insurance  ___ dental insurance  ___ life insurance</td>
</tr>
<tr>
<td>___ vacation leave  ___ sick leave  ___ personal leave</td>
</tr>
<tr>
<td>___ psychiatric care  ___ child care  ___ pension/retirement plan</td>
</tr>
<tr>
<td>___ other health insurance (specify) _____________________________________________________</td>
</tr>
<tr>
<td>___ other leave (specify) ________________________________________________________________________________</td>
</tr>
</tbody>
</table>

Detailed Job Description (see reverse side).

Job Duties:

Type of Work with:  People: _________________________________________________________________________________

             Things: ___________________________________________________________________________________

             Data: _____________________________________________________________________________________

Job Industry: _________________________________________________________________________________________
Extent to which this job is *integrated*:

Is this a job that is set aside for a person with a disability? *(circle one)*  
No  Yes

How much opportunity for contact does the individual have with non-disabled co-workers? *(circle one)*

<table>
<thead>
<tr>
<th>None</th>
<th>Minimal</th>
<th>Regular</th>
<th>Constant</th>
</tr>
</thead>
</table>

How much opportunity for contact does the individual have with disabled co-workers? *(circle one)*

<table>
<thead>
<tr>
<th>None</th>
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<th>Regular</th>
<th>Constant</th>
</tr>
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What proportion of the person's immediate co-workers have a disability?

<table>
<thead>
<tr>
<th>None</th>
<th>Few</th>
<th>Some</th>
<th>Most</th>
<th>All or Almost All</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0%)</td>
<td>(1-25%)</td>
<td>(26-50%)</td>
<td>(51-75%)</td>
<td>(76-100%)</td>
</tr>
</tbody>
</table>

Is the job *temporary*? *(circle one)*  
No  Yes  If yes, describe how below:

How was the job obtained? *(circle all that apply)*  
received no help  informal contacts  job finding services  job developed for client

Is the job owned by the client? *(circle one)*  
No  Yes

Does the immediate supervisor know the client has a psychiatric disability? *(circle one)*  
No  Yes  Don't Know

Describe any *job accommodations* *(see reverse side)*:

Completed by: __________________________________________________ For Week Ending: ____________

Information Provided By *(complete only if different from above)*: __________________________________________
To facilitate the assignment of a Dictionary of Occupational Titles (D.O.T.) code for a job position, it is necessary that you list several things in detail.

First, describe specific job duties. An example of a job description for a Vocational Rehabilitation Counselor as listed in the D.O.T. is as follows.

"Counsels handicapped individuals to provide vocational rehabilitation services. Interviews and evaluates handicapped applicants, and confers with medical and professional personnel to determine type and degree of handicap, eligibility for service, and feasibility of vocational rehabilitation. Accepts or recommends acceptance of suitable candidates. Determines suitable job or business consistent with applicant's desires, aptitudes, and physical, mental and emotional limitations. Plans and arranges for applicant to study or train for job. Assists applicant with personal adjustment throughout rehabilitation program. Promotes and develops job openings and places qualified applicant in employment..." (D.O.T., 1991, p. 52).

Second, indicate the extent to which the job responsibilities involve work with people, data, and things. For example, is the subject's relationship with people on the job one of mentoring, negotiating, instructing, supervising, diverting, persuading, speaking-signalling, serving, or taking instructions-helping? In regards to things, is the subject setting up, precision working, operating-controlling, driving-operating, manipulating, tending, feeding-offbearing, or handling? And with data, is the subject synthesizing, coordinating, analyzing, compiling, computing, copying, or comparing? Keep in mind that you may use more than one descriptor to describe each type of relationship.

Third, indicate which of the following industries or occupational groups the job belongs to: 1) Professional, technical, and managerial occupations; 2) clerical and sales occupations; 3) service occupations (including protective service, food service, lodging, cosmetology, amusement and recreation, and domestic service); 4) agricultural, fishery, forestry, and related occupations; 5) processing occupations (for example, the processing of metal, food, paper, synthetics, textiles, etc.); 6) machine trades occupations; 7) benchwork occupations (for example, the fabrication, assembly and repair of many products including medical, scientific, metal, plastic, glass, and leather); 8) structural work occupations (including construction, excavation, painting, plastering, welding, and electrical installing and repairing); or 9) miscellaneous occupations. If you are not sure of the industry designation, please skip this step and know that the description of job duties becomes even more important.

Definition of Job Accommodation

"A response to an employee's functional limitation that enables the individual to perform successfully in the job" (ADA Handbook, 1991). Examples: reorganization of job tasks, job sharing or trading, relocation of work space, work schedule modification, contact with a helping professional, contact with a non-professional.
**Weekly Employment Change Form**

Client's ID Number: _______________  
Demonstration Project: AZ  CT  MA  MD  
(ME  PA  SC  TX)  
(circle one)  

Intervention Condition: ________________________________

Name of Employing Organization: _____________________________________________________________

Employment Start Date: _____/_____/______  
Date of Change(s)  _____/_____/______

<table>
<thead>
<tr>
<th>New Salary:</th>
<th>$______________________________ per hour/week (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>amount (gross salary only)</td>
</tr>
</tbody>
</table>

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<tr>
<th>New Hours Worked:</th>
<th>________________________________ per week hours</th>
</tr>
</thead>
</table>

Employment Benefits Changes *(indicate nature of changes, e.g., addition, deletion, increase, decrease)*:

- ____________ medical insurance
- ____________ dental insurance
- ____________ life insurance
- ____________ vacation leave
- ____________ sick leave
- ____________ personal leave
- ____________ psychiatric care
- ____________ child care
- ____________ pension/retirement plan
- ____________ other health insurance (specify)
- ____________ other leave (specify)

Detailed Job Description: Provide a written description of *changes* in the job (e.g., new job tasks or responsibilities, especially in relation to people, things, and data, etc.):
Check the statement which now describes the extent to which this job is integrated and explain the change in the space provided.

Is this now a job that is set aside for a person with a disability? (circle one)  
No    Yes

How much opportunity for contact does the individual now have with non-disabled co-workers? (circle one)

<table>
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<th>None</th>
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<th>Regular</th>
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How much opportunity for contact does the individual now have with disabled co-workers? (circle one)

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What proportion of the person's immediate co-workers now have a disability?

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Is the job now temporary? (circle one)  
No    Yes

Describe how this is a change from the previous situation:

Is the job now owned by the client? (circle one)  
No    Yes

Does the immediate supervisor now know the client has a psychiatric disability?  
No    Yes    Don't Know (circle one)

Describe any changes or additions/discontinuations in the job accommodations:

In the past week, has the client been hospitalized?  
No    Yes (circle one)

If yes, list the Number of days __________.

_____ There are NO CHANGES in the job.

Completed by: ___________________________________________  For Week Ending: _____________

Information Provided By (complete only if different from above): ________________________________
Writing a Detailed Job Description

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Employment End Form

Client's ID Number: _______________ Demonstration Project: **AZ** **CT** **MA** **MD**

(circle one) **ME** **PA** **SC** **TX**

Intervention Condition: ____________________________________________________________________________

Name of Employing Organization: ________________________________________________________________

Employment Start Date:  _____/_____/_____ Employment End Date:  _____/_____/_____

Decision to end this job was made by (check one):

- Client
- Program Staff
- Employer
- Other (specify) ___________________________

Which of the following best describes the status of the job ending? (check one):

- __ Fired
- __ Client Quit Without Arranging New Position
- __ Lay Off
- __ Client Terminated to Assume Different Position
- __ Temporary Position
- __ Other (specify) ___________________________
- __ Employer Ended Relationship with Program

Why did the job end? Place a "P" next to the most important reason that the job ended in your opinion (Use ONE "P" ONLY). Next, place a "T" next to all of the other reasons that you or the client believe are related to the job ending.

### Client Related

- __ Joined Armed Forces
- __ Client Left Agency or Program
- __ Concern Over Loss of Entitlements
- __ Stress/Pressures
- __ General Medical Problems
- __ School/Training Conflicts
- __ Client Moved

### Psychiatric Disability Related

- __ Psychiatric Symptoms Interfered
- __ Medication Side Effects & Adjustment Problems
- __ Medication Non-Compliance
- __ Hospitalized

### Access Related

- __ Job Accommodations Not Provided
- __ Transportation Issues
- __ Child Care Problems
- __ Inadequate Clothing/Tools/Supplies
- __ Perceived Discrimination

### Job Related

- __ Problems with Physical Job Environment
- __ Dissatisfaction with Job Duties
- __ Problems with Supervisor(s)
- __ Problems with Co-worker(s)
- __ Company Downsized
- __ Position Discontinued
- __ Dissatisfaction with Salary
- __ Dissatisfaction with Hours
- __ Dissatisfaction with Schedule
- __ Dissatisfaction with Benefits
- __ Poor Attendance
- __ Inability to Perform Job Tasks
- __ Advancement to a Better Position
- __ Substance Use

### Performance Related

- __ Other (specify) ___________________________

- __ Other (specify) ___________________________

Completed by: __________________________ Date: __________________________
Information Provided By: (complete only if different from above): _______________________________