

Form for Customized Employment Services

General Information

Company Name: _____

Location/Address of Business: _____

Telephone Number:

Start Date:

Fax:

Starting wage:

Title of Job:

Hours of work shift:

SOC Code:

Hours per week:

Status:

Part-Time

Full-Time

Supervisor: _____

Essential Functions of the job

Please list the duties or responsibilities that are essential functions of this position. Essential job functions are defined as those fixed parts of defined job that cannot be reassigned easily to other workers:

- 1.
- 2.
- 3.
- 4.
- 5.

Unmet Needs of the job

Duties to be performed by the IVRS job candidate to free up time for other employees to carry out the essential functions of the job.

- 1.
- 2.
- 3.
- 4.
- 5.

CRP documentation showing the job is unique and different from the original job description, or an entirely new job that has been created that had not previously existed.

CRP Signature: _____ Date: _____

Service provided:

Date(s) of service and hours worked each date:

Total number of hours worked:

CRP Signature:

CRP staff submit this form to IVRS with any narrative needed to document the provision of this service.