

Supported Employment Job-End Report
Community Counseling Services

Rev 01/17

Case Name: _____

Case Id#: _____

Date: _____

Job End Date _____

Reason Job Ended: Quit for a better job Quit - Symptoms Quit for another reason Terminated

Employer: _____

Job Title: _____

Duties (if changed since start day):

Work Schedule (include any changes)

Consumer's perspective regarding job end: _____

Staff comments regarding job end: _____

Employer Comments: _____

Type of support provider: _____

Type of supervision at work site: _____

Does person wish to look for another job? No Yes, what kind _____

Client's Disclosure regarding next job:

- No – Consumer does not want employer contact
- Yes – Consumer has agreed to employer contact and has signed a release

Any special preferences: _____

Staff Signature/Credentials

Date