

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: ____/____/____

Salary: \$ _____ per hour/week (circle one)
 amount (gross salary only)

Hours Worked: _____ per week
 hours

Employment Benefits (check all that apply):

- | | | |
|--------------------------------------------|----------------------|-----------------------------|
| ___ 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 (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*)

None Minimal Regular Constant

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

None Minimal Regular Constant

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

None Few Some Most All or Almost All (*circle one*)
(0%) (1-25%) (26-50%) (51-75%) (76-100%)

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

How was the job obtained? received no help job finding services
(*circle all that apply*) informal contacts 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? No Yes Don't Know
(*circle one*)

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

Completed by: _____ For Week Ending: _____

Date

Information Provided By (**complete only if different from above**): _____

Writing a Detailed Job Description

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 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
(circle one) ME PA SC TX

Intervention Condition: _____

Name of Employing Organization: _____

Employment Start Date: ____/____/____ Date of Change(s) ____/____/____

New Salary: \$_____ per hour/week (circle one)
amount (gross salary only)

New Hours Worked: _____ per week
hours

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*)

None Minimal Regular Constant

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

None Minimal Regular Constant

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

None Few Some Most All or Almost All (*circle one*)
(0%) (1-25%) (26-50%) (51-75%) (76-100%)

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: _____

Date

Information Provided By (**complete only if different from above**): _____

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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

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

Psychiatric Disability Related

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

Performance Related

Poor Attendance
 Inability to Perform Job Tasks
 Advancement to a Better Position
 Substance Use

Access Related

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

Other (*specify*) _____

Completed by: _____

Date: _____

Information Provided By: (**complete *only* if different from above**): _____