S.T.E.P. Wage and Hours (Blank)

Month: Due:

|  |  |
| --- | --- |
| Teacher: | School: |

**Student Information:**

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| --- | --- |
| Student Name: | Employment Start Date: |
| Date of Acceptance: | Employment End Date: |
| Worksite Location:   * Employer Paid \_\_\_\_\_ Hourly Rate:\_\_\_\_\_\_\_ * Work Experience \_\_\_\_\_ * OJT \_\_\_\_\_\_ | Graduation Date: |
| Outcome Achieved: |

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| --- | --- | --- | --- | --- | --- | --- |
| Month: | | | | | | |
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|  |  |  |  |  |  |  |

Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Total Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(total hours x hourly rate)

|  |
| --- |
| Accomplishments, Updates, concerns, etc.:  Does the student utilize a job coach for this job?: |

Teacher/Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only: 𐩒Worksite Agreement 𐩒Transition Services 𐩒Case Note/Site Visit 𐩒Comparable Benefits-09500