

EIF (HIRE REPORT) FORM

DHS/STS STAFF USE ONLY - PRESS FIRMLY

Branch _____ Case Manager(s) _____
 Plan set up on TRACS? YES ___ NO ___ Svc Group Selected on Plan? YES ___ NO ___

Plan Begin Date: _____
 (**Hire Date must be *AFTER* Plan Begin date & Staff have 90 days after Hire Date to enter it on TRACS))

Plan Status ACT/HLD/TRA/EXT (circle one)
 (**For ACT/HLD/TRA: Hire info. must be entered no more than 90 days after Hire Start Date in order for hire to count.)

If Plan is in EXT Status, Plan Completion Date: _____
 (**For EXT: Hire Start Date must be no more than 30 days AFTER Plan Completion Date & staff has 90 days to enter it on TRACS)

If client is working part time, is he/she still work searching? YES ___ NO ___
 Is there a current UN set up on TRACS for this hire? Yes ___ NO ___

HIRE SUBMITTED BY : _____ (STS OR DHS STAFF) Date _____
 ENTERED on TRACS Employment Screen and Narrated by _____ Date _____

_____ Hire from Job Search _____ Hire found from follow-up call _____ Hire from Worksite Training _____ Hire from OED Report _____ Hire from EML or Ext. Med Reports _____ Hire found from checking narratives: Narrative(s) written by: _____	_____ Hire turned into DHS Staff _____ Hire from Short-Term Training _____ Hire from Project Enterprise _____ Hire from UN Report _____ Other _____ _____ Narrative(s) # _____
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HIRE INFORMATION

TO BE COMPLETED BY EMPLOYED PERSON OR STAFF - PRESS FIRMLY

Employed Person _____ SS# _____
 (Last) (First)

Home Address _____ Current Phone _____

Employed Person's Email Address: _____

Job Title _____

Employer Name _____

Employer Address _____
 (Street address) (City) (State) (Zip)

Work Phone _____ Work Extension: _____

Hire Start Date _____ First Payday _____

Wage \$ _____ PER HOUR (Please provide) Hours per week _____

If temp job, employment end date _____ Medical Benefits; Yes ___ No ___

DO YOU NEED HELP WITH:

Childcare? YES ___ NO ___ Uniform/Clothing for this job? YES ___ NO ___
 Bus Tickets/Gas Money? YES ___ NO ___ Other: _____