

Report of Subsidy or Special Conditions of Employment

Employee's name: _____ Social Security Number: _____

Company Name and Address:

Job Title: _____

Hourly Wage: \$ _____

Hours per week: _____

Date Work Started: _____

Date Work Stopped: _____

List the usual duties of this job: _____

1. Does the employee complete all the usual duties required for his/her position? Yes
 No
2. Is the employee able to complete all of the job duties without special assistance from the supervisor or coworkers Yes
 No
3. Does the employee regularly report for work as scheduled? Yes
 No
4. On average, does the employee complete his/her work in the same amount of time as employees in similar positions? Yes
 No
5. Please indicate the types(s) of special assistance, if any, the employee receives on the job that is not regularly given to other employees. (Check all that apply.)

- _____ Fewer or easier duties
- _____ Irregular hours
- _____ Special transportation
- _____ Fewer hours
- _____ More breaks/rest periods
- _____ Frequent absences
- _____ Extra time to complete tasks

- _____ Lower production standards
- _____ Extra help/supervision/support
- _____ Lower quality standards
- _____ Special equipment
- _____ Job Coaching
- _____ Job coaching hours per month

6. Based on the information on page one, approximately how would you rate the overall job performance of the employee compared to nonimpaired employees in the similar positions and similar pay rates?

- 50% or less of nonimpaired employees
- 60% of nonimpaired employees
- 70% of nonimpaired employees
- 80% of nonimpaired employees
- 90% of nonimpaired employees
- 100% of nonimpaired employees

7. Does this person work in a sheltered work shop or supported employment enclave? Yes
 No

8. Is the person paid piece rate or time studied? Yes
 No

Name and title of person completing this form

(Signature)

(Date)

(Telephone number)