



Person's Name (First MI Last):	Record #:
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Organization Name:

Employment Addendum

Current Employment: (Check all that apply)
 Full Time (32 hours or more per week) Part-time (< 32 hours per week) Volunteer/Intern Supported Employment
 Transitional Employment Program

Is person served satisfied with job? No Yes Is person's served job in jeopardy? No Yes

Not in Labor Force: - Date Last Worked: / (Check all that apply)
 Currently Seeking Employment Disabled Retired Homemaker Student Living in Institution
 Other:

Name of most recent employer:

Reason(s) for Leaving Jobs in Last 5 years: NA

<input type="checkbox"/> Lacked transportation	<input type="checkbox"/> Did not get along with boss/supervisor	<input type="checkbox"/> Terminated <input type="checkbox"/> Laid off
<input type="checkbox"/> Did not like work hours	<input type="checkbox"/> Baby sitter/child care problems	<input type="checkbox"/> Mental Health problems
<input type="checkbox"/> Did not like working conditions	<input type="checkbox"/> Did not like job duties	<input type="checkbox"/> Medical problems
<input type="checkbox"/> Did not get along with co-workers	<input type="checkbox"/> Pay too low	<input type="checkbox"/> Substance Abuse problems
<input type="checkbox"/> Maternity Leave	<input type="checkbox"/> Temporary Employment	<input type="checkbox"/> Other:

Attendance: Above average Normal Tardiness Absenteeism

Performance: Exemplary Good Average Below Average

Provider - Print Name/Credential:	Date:	Supervisor - Print Name/Credential (if needed):	Date:
Provider Signature:	Date:	Supervisor Signature (if needed):	Date:
Person's Signature (Optional, if clinically appropriate):	Date:	Parent/Guardian Signature (If appropriate):	Date: