| CID            | #:          | Record of Hours Worked |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
|----------------|-------------|------------------------|----------------------------------|------------------|-----------------------|--|-----------------------|--|--|--|--|--|--|--|
| Individual:    |             |                        |                                  |                  |                       | DRS Counselor:                             |                       |  |  |  |  |  |  |  |
|                |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
| Contract:      |             |                        | Employment Consultant:  Service: |                  |                       |  |                       |  |  |  |  |  |  |  |
| Emp            | oloyer:     | Job Title:             |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
| eek #          |             | Hours                  | Time<br>On-Site                  | Time<br>Off-Site | Time Spent w/Employer |  | IPE Weekly Work Goal: |  |  |  |  |  |  |  |
| ау             | Date        | Worked                 | by EC                            | by EC            | by EC                 | Supports Provided / Issues Addressed, etc. |                       |  |  |  |  |  |  |  |
| I              |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
| 2              |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
| 3              |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
| <del>/</del> + |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
| 5              |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
| 5              |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
| 7              |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
| _              | 1 Total Hou | rs:                    |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
| ekly           | Comments:   |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
|                |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
|                |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
|                |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
|                |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |
|                |             |                        |                                  |                  |                       |  |                       |  |  |  |  |  |  |  |

| CID   | #:           |              | Record of Hours Worked |                  |                       |  |  |  |     |                       |  |  |  |
|-------|--------------|--------------|------------------------|------------------|-----------------------|--|--|--|-----|-----------------------|--|--|--|
| Indi  | vidual:      |              | DRS Counselor:         |                  |                       |  |  |  |     |                       |  |  |  |
| Con   | tractor:     |              | Employment Consultant: |                  |                       |  |  |  |     |                       |  |  |  |
| Con   | tract:       | Service:     |                        |                  |                       |  |  |  |     |                       |  |  |  |
| Emp   | oloyer:      | Job Title:   |                        |                  |                       |  |  |  |     |                       |  |  |  |
| eek # |              |              | Time<br>On-Site        | Time<br>Off-Site | Time Spent w/Employer |  |  |  |     | IPE Weekly Work Goal: |  |  |  |
| ay    | Date         | Hours Worked | by EC                  | by EC            | by EC                 | Supports Provided / Issues Addressed, etc. |  |  | tc. |                       |  |  |  |
| 1     |              |              |                        |                  |                       |  |  |  |     |                       |  |  |  |
| 2     |              |              |                        |                  |                       |  |  |  |     |                       |  |  |  |
| 3     |              |              |                        |                  |                       |  |  |  |     |                       |  |  |  |
| 4     |              |              |                        |                  |                       |  |  |  |     |                       |  |  |  |
| 5     |              |              |                        |                  |                       |  |  |  |     |                       |  |  |  |
| 6     |              |              |                        |                  |                       |  |  |  |     |                       |  |  |  |
| 7     |              |              |                        |                  |                       |  |  |  |     |                       |  |  |  |
| _     | 2 Total Hour | s:           |                        |                  |                       |  |  |  |     |                       |  |  |  |
| eekiy | Comments:    |              |                        |                  |                       |  |  |  |     |                       |  |  |  |

| CID                | #:        |        | Record of Hours Worked |                  |                          |  |                |   |      |                 |         |  |
|--------------------|-----------|--------|------------------------|------------------|--------------------------|--|----------------|---|------|-----------------|---------|--|
| Individual:        |           |        |                        |                  |                          |  | DRS Counselor: |   |      |                 |         |  |
|                    |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
| Conf               | tract:    |        |                        |                  |                          | Service                                    | :              |   |      |                 |         |  |
| Emp                | oloyer:   |        |                        |                  |                          |  |                |   |      |                 |         |  |
| eek #              |           | Hours  | Time<br>On-Site        | Time<br>Off-Site | Time Spent<br>w/Employer |  |                | - | -    | IPE Weekly Work | c Goal: |  |
| ay                 | Date      | Worked | by EC                  | by EC            | by EC                    | Supports Provided / Issues Addressed, etc. |                |   | etc. |                 |         |  |
| 1                  |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
| 2                  |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
| 3                  |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
| 4                  |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
| 5                  |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
| 6                  |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
| 7                  |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
| Pg. 3 Total Hours: |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
| ekly               | Comments: |        |                        |                  |                          |  |                |   |      |                 |         |  |
|                    |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
|                    |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
|                    |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
|                    |           |        |                        |                  |                          |  |                |   |      |                 |         |  |
|                    |           |        |                        |                  |                          |  |                |   |      |                 |         |  |

| CID#:       |              | Record of Hours Worked                 |                 |                  |                       |                |                       |  |  |  |  |  |
|-------------|--------------|--|-----------------|------------------|-----------------------|----------------|-----------------------|--|--|--|--|--|
| Contractor: |              | DRS Counselor:  Employment Consultant: |                 |                  |                       |                |                       |  |  |  |  |  |
|             |              |  |                 |                  |                       |                |                       |  |  |  |  |  |
|             |              | Job Title:                             |                 |                  |                       |                |                       |  |  |  |  |  |
|             |              | Hours                                  | Time<br>On-Site | Time<br>Off-Site | Time Spent w/Employer |                | IPE Weekly Work Goal: |  |  |  |  |  |
|             |              | Day                                    | Date            | Worked           | by EC                 | by EC          | by EC                 | Supports Provided / Issues Addressed, etc. |  |  |  |  |
| 1           |              |  |                 |                  |                       |                |                       |  |  |  |  |  |
| 2           |              |  |                 |                  |                       |                |                       |  |  |  |  |  |
| 3           |              |  |                 |                  |                       |                |                       |  |  |  |  |  |
| 4           |              |  |                 |                  |                       |                |                       |  |  |  |  |  |
| 5           |              |  |                 |                  |                       |                |                       |  |  |  |  |  |
| 6           |              |  |                 |                  |                       |                |                       |  |  |  |  |  |
| 7           |              |  |                 |                  |                       |                |                       |  |  |  |  |  |
| Pg.         | 4 Total Hour | s:                                     |                 |                  |                       |                |                       |  |  |  |  |  |
| _           | Total Hours: |  |                 |                  |                       |                |                       |  |  |  |  |  |
| Veekly (    | & Milestone/ | Service Compl                          | etion Commer    | nts:             |                       |                |                       |  |  |  |  |  |
| Submit      | ted by:      |  |                 |                  |                       | Date Submitted |                       |  |  |  |  |  |