

Job End Report

Information about the Job:

Job Title: _____ Employer: _____

Job Start Date: _____ Job End Date: _____

Changes in job duties, work schedule, supervision, or other changes since job start:

Reason for job end:

Quit for a better job Quit—illness related Quit for another reason Terminated

Client's perspective regarding job end: _____

Staff comments regarding job end: _____

Employer comments: _____

Type of support provided: _____

Does person wish to look for another job/what kind? _____

Client's preferences regarding disclosure on next job: _____

Who will report the first pay check to Social Security Administration? _____

N/A-the person does not receive Social Security benefits

Employment specialist signature

Date

The IPS Employment Center

Rockville Institute, Westat

June 2010, Revised March 2014, Revised April 2017, Revised January 2018