

Section 3 Contractor Placement Report

Initial Employee Placement Report

(Completed by Contractor or Section 3 staff when Section 3 employee is hired)

*Mail or fax this form to:
Linda Dorsey, Section 3 Coordinator
120 South State Street
Elgin, IL 60123
847-742-3853/ Fax: 847-742-1496*

Section 3 Contractor/Employer Name: _____

Employer Address: _____

Employee: _____ **SSN:** _____

Start date of placement: _____ **Report Date:** _____

Placement End Date: _____

Part 1: Current Employment Status

<i>Job Title:</i>	<i>Hourly Wage:</i>	
<i>Place of Employment:</i>	<i>Address:</i>	<i>Phone:</i>

Part 2: Benefit Information (check all that apply)

401 (k) ____	Life Insurance ____	Vacation Leave ____
Uniform Furnished ____	Sick/Disability Leave ____	Other ____

Contact Person or Supervisor for the Above Employee *Telephone Number*

Comments:
