



Initial Employee Placement Report

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

Mail or fax this form to:
Monica Smith, Section 3 Coordinator
130 South State Street
Elgin, IL 60123
847-742-3853

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:

