

FFT™ Employment Record

(Required elements are underlined.)

Client Name: _____

Employer: _____

Job Start Date: _____

Contact with: Client Employer Service Provider Other

PLACEMENT DETAILS

Client had this job before enrollment. (Check this box if the client had this job before enrolling in the FOC. If the client started this job on or after the day of enrollment in the FOC, leave this box blank.)

Job Type:

Permanent Transitional Seasonal Temporary Other (not permanent)

Job Title/Position: _____

Is this job an internship? Yes No

Is this job self-employment? Yes No

Industry focus (2010 Standard Occupational Classification: Classify the placement by the type of work, NOT the type of employer. For example, an administrative assistant position at a factory should be classified under “Office and Administrative Support Occupations”, not “Production Occupations”).

- 11-0000 Management Occupations
- 13-0000 Business and Financial Operations Occupations
- 15-0000 Computer and Mathematical Occupations
- 17-0000 Architecture and Engineering Occupations
- 19-0000 Life, Physical, and Social Science Occupations
- 21-0000 Community and Social Service Occupations
- 23-0000 Legal Occupations
- 25-0000 Education, Training, and Library Occupations
- 27-0000 Arts, Design, Entertainment, Sports, and Media Occupations

- 29-0000 Healthcare Practitioners and Technical Occupations
- 31-0000 Healthcare Support Occupations
- 33-0000 Protective Service Occupations

- 35-0000 Food Preparation and Serving Related Occupations
- 37-0000 Building and Grounds Cleaning and Maintenance Occupations
- 39-0000 Personal Care and Service Occupations
- 41-0000 Sales and Related Occupations
- 43-0000 Office and Administrative Support Occupations
- 45-0000 Farming, Fishing, and Forestry Occupations
- 47-0000 Construction and Extraction Occupations
- 49-0000 Installation, Maintenance, and Repair Occupations
- 51-0000 Production Occupations
- 53-0000 Transportation and Material Moving Occupations
- 55-0000 Military Specific Occupations

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SALARY AND BENEFITS SUMMARY

Wage Type: Unsubsidized Job Subsidized/Stipended Job Unpaid/Volunteer Job

Benefit Type:

- Job will (eventually) OFFER Health Insurance
- Job will not (at any point) OFFER Health Insurance

Hours per Week: _____

Hourly Wage: \$_____

JOB TERMINATION

Job End Date: _____

Reason for Termination:

- Completed transitional/seasonal/temp job
- Fired
- Laid Off
- Quit
- Unknown

Is this termination/lay off Covid-19 related?

Notes:

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ADVANCEMENT RECORD

Date (date of contact): _____

Contact with: Client Employer Service Provider Other

Status:

- | | |
|---|---|
| <input type="checkbox"/> Enrolled in benefit(s) program | <input type="checkbox"/> Verified Retention |
| <input type="checkbox"/> Increase in hours | <input type="checkbox"/> Tried unsuccessfully to verify retention |
| <input type="checkbox"/> Decrease in hours | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Increase in wages | <input type="checkbox"/> On leave of absence |
| <input type="checkbox"/> Decrease in wages | <input type="checkbox"/> Returned to work |
| <input type="checkbox"/> Obtained promotion | <input type="checkbox"/> Other |

Is this status update Covid-19 related?

EMPLOYMENT UPDATE

Date of change in employment: _____

Current Hourly Wage: \$ _____

Current Hours per Week: _____

Current Title/Position: _____

Current Benefit Type:

- Job will (eventually) OFFER Health Insurance
 Job will not (at any point) OFFER Health Insurance

RETENTION VERIFICATION

Milestone: 30 days 60 days 90 days 180 days 270 days
 365 days 2 years 3 years 4 years 5 years

Documentation: Employer verification Paystub Verbal report by client Other

Notes: _____

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