

PRODUCTIVE LIVING BOARD

SUPPORTED EMPLOYMENT RETENTION SUPPORTS
EXCEEDING 41 HOURS PER MONTH

This form is to be submitted to OPLS Program Staff prior to submitting invoice for each supported employment consumer whose supports exceed 41 hours in any given month.

Agency Name: _____ Project Number: _____

Consumer Name: _____

Month Supports were provided: _____

Total Number of Support Hours this Month: _____

Total Support Hours Provided Year to Date: _____

Additional supports requested by: Employee Employer

Check any box that indicates the reason additional supports were provided during the month and include a brief description:

New or Change in job duties: _____

Performance/Production: _____

Behavior: _____

Other reasons (please list): _____

Agency Staff Signature

Date

Supervisor Signature

Date

FOR PLB USE ONLY

Approved Not Approved

OPLS Program Staff Review

Date