**Customized Job Description**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee** |  | | | | | | | **Date of Offer** | | |  | |
| **Company** |  | | | | | | | **Start Date** | | |  | |
| **Employer Contact** | |  | | | | | | | | | | |
| **Provider Agency** | |  | | | | | | | | | | |
| **Job Developer** | |  | | | | | | **Phone** | | |  | |
| **Work Days** | |  | | | **Work hours/day:** | | | |  | | | |
| **Work Times** | |  | | | **Work hours/week** | | | |  | | | |
| **Starting Pay** | |  | | **Benefits** | | |  | | | | | |
| **Departments/Areas**  **In which task will be**  **Performed:** | | | | | |  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Break Time** | | |  | | | **Lunch Time** | | | |  | |

**Tasks to be performed:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Task Name** | **Days (mark)** | **# Day** | **Time of day** | **Duration** |
| **1.** |  | SMTWTFS |  |  |  |
| **2.** |  | SMTWTFS |  |  |  |
| **3.** |  | SMTWTFS |  |  |  |
| **4.** |  | SMTWTFS |  |  |  |
| **5.** |  | SMTWTFS |  |  |  |
| **6.** |  | SMTWTFS |  |  |  |
| **7.** |  | SMTWTFS |  |  |  |
| **8.** |  | SMTWTFS |  |  |  |
| **9.** |  | SMTWTFS |  |  |  |

**(Add more tasks on back of form)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor(s) for tasks assigned:** | | | |
|  | **Name** |  | **Tasks supervised by task #** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Lead co-workers for tasks assigned:** | | | |
|  | **Name** |  | **Co-worker by task #** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |

**If the company/department has a dedicated trainer(s), list name here:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** |  |  | **2.** |  |

**Brief overview of Customized Job: *(including days of week, hours per week, location of work, etc.)***

***Additional Information to be added prior to first day of work:***

**Pay period:**

**Required withholding (FICA, Insurance, Union Dues, etc.):**

**Probation period (as necessary):**

**Orientation procedures:**

**Flexibility negotiated related to employee’s disability:**

**Supports offered to employee and employer by provider agency:**

**Uniform/dress requirements:**

**Daily Schedule of Work**

***(****To be completed by the date for the Job Analysis. Change times as necessary)*

|  |  |
| --- | --- |
| **For Week of** |  |
| **Work Day** |  |

| **Time** | **Task** | **Co- worker** | **Supervisor** |
| --- | --- | --- | --- |
| **8:00** |  |  |  |
| **8:30** |  |  |  |
| **9:00** |  |  |  |
| **9:30** |  |  |  |
| **10:00** |  |  |  |
| **10:30** |  |  |  |
| **11:00** |  |  |  |
| **11:30** |  |  |  |
| **12:00** |  |  |  |
| **12:30** |  |  |  |
| **1:00** |  |  |  |
| **1:30** |  |  |  |
| **2:00** |  |  |  |
| **2:30** |  |  |  |
| **3:00** |  |  |  |
| **3:30** |  |  |  |
| **4:00** |  |  |  |
| **4:30** |  |  |  |
| **5:00** |  |  |  |