

**JOB PLACEMENT/ PACE
CLOSURE REPORT**

Consumer: _____ SSN#: _____

Counselor: _____ Date: _____

Reason for Closure:

Employment status

Employer: _____

Address:

Supervisor:

Date of Employment: _____ Wage: _____

Job Title: _____ Hours per Week: _____

Job Duties:

Benefits:

Job Placement/PACE Staff Date