

Kansas Vocational Rehabilitation Services

LOG SHEET for COMMUNITY-BASED

Check one: **WORK ASSESSMENT** **JOB TRYOUT**

Client: _____

Employer: _____

VR Counselor: _____

Community Coordinator: _____

Phone: _____

For VR Central Office Use Only:

Type of Job, select one: (If the client performed more than one job at this site, select the one the client did most.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> animal care | <input type="checkbox"/> food service | <input type="checkbox"/> laundry aide |
| <input type="checkbox"/> childcare | <input type="checkbox"/> greeter/door attendant | <input type="checkbox"/> maintenance |
| <input type="checkbox"/> clerical | <input type="checkbox"/> housekeeper | <input type="checkbox"/> receptionist |
| <input type="checkbox"/> dishwasher | <input type="checkbox"/> janitor | <input type="checkbox"/> stock clerk |
| <input type="checkbox"/> assembly: _____ | | |
| <input type="checkbox"/> other: _____ | | |

Date Year: _____											Sub- total
Time Start											
Unpaid break											
Time End											
Hours											

Date Year: _____											Sub- total
Time Start											
Unpaid break											
Time End											
Hours											

Date Year: _____											Sub- total
Time Start											
Unpaid break											
Time End											
Hours											

Client Signature: _____

Total Hours: _____

Supervisor Signature: _____

Please return the completed and signed log sheet to the VR Counselor.