

State Universities Civil Service System

**MONTHLY SUPPORTED EMPLOYEE PROGRAM REPORT**

Indicate the number of employees who have been certified by the Department of Rehabilitation Services (DORS) as eligible for participation in the Supported Employees Program in each of the following areas:

1. Number currently enrolled in training programs: \_\_\_\_\_
2. Number who have successfully completed training program: \_\_\_\_\_
3. Number terminated prior to completion of training program: \_\_\_\_\_
4. Number currently serving probationary period: \_\_\_\_\_
5. Number dismissed during probationary period: \_\_\_\_\_
6. Number who successfully completed probationary period: \_\_\_\_\_
7. Total number of status supported employees currently working: \_\_\_\_\_

8. Please provide the following information, as applicable, **that occurred during the reporting period:**

a) Placements made to existing Group or Individual Trainee Programs:

<u>Employees' Name</u>	<u>Class</u>	<u>Date of Appointment</u>
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b) Employees who were either dismissed during probationary period or terminated (*please indicate (D) for dismissed or (T) for terminated by the employees' name*):

<u>Employees' Name</u>	<u>Class</u>	<u>Date of Appointment</u>
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c) Employees who successfully completed their probationary period:

<u>Employees' Name</u>	<u>Class</u>	<u>Date of Appointment</u>
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COMMENTS: *(use back or additional sheet if needed)*

Reporting Period \_\_\_\_\_  
(Month/Year)

\_\_\_\_\_  
Employer

Date: \_\_\_\_\_

By: \_\_\_\_\_  
(DER or Designee)