**IRC Competitive Integrated Employment (CIE) Exit Form**

*Please complete and submit electronically via e-mail to the Consumer Service Coordinator (CSC) and Employment Specialists, Beth Crane;* *bcrane@inlandrc.org* *and Andrew Burdick;* *aburdick@inlandrc.org* *within 14 days of last day of employment.*

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Employee (Consumer) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UCI#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer Service Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly rate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date of CIE:\_\_\_\_\_\_

Reason for CIE ending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Supports in place? \_\_\_\_\_\_ If yes, # of hours per week \_\_\_\_\_\_

Vendor name providing supports: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments:

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