SEMP Quarterly Report

OPWDD Quarterly SEMP Report Template

Employment Status Choose from List	Last Name	First Name	TABS ID (Must enter number) Orange cell = duplicate	DDRO Region Number (autofill)	DDRO Name	Social Security Number	Date of Birth (DOB)	SEMP Enrollment Date (In CHOICES)	Name of Business Where Person Physically Works, If Employed	Type of Business Setting (Choose from List)	Type of Job General Job Title (Choose from List)	Funding Source Used to Obtain Job, if Employed? (Choose from List)	Primary type of transportation used to travel to and from work	Group, Individual Job or Self-Employed (Choose from List)	Current Job Start Date	Hourly Wage	Paycheck Issued by Which Entity? (Choose from List)	Average Weekly Work Hours	Job Termination Date (if applicable)	Job Termination Reason (Choose from List)	SEMP Disenrollment Date (if applicable)	Does the person have multiple jobs? (Yes or No)	Comments (Record 2nd job or other pertinent information)