Reset Form

COMMUNITY WORK EXPERIENCE PROGRAM (CWEP) AND WORK EXPERIENCE (WE) JOB REQUEST

State Form 46518 (R5 / 6-18)

Check appropriate program. ☐ CWEP ☐ WE

Requested by:	Date (*mm/dd/yy*)
Name of agency	Location
Contact person	Contact telephone number ( )
Position requested	Date needed (*mm/dd/yy*)
Hours needed per week	*Please check:* ☐ AM ☐ PM ☐ Both
Number of available slots	
Job duties (*be specific*)	

If participant is required to lift, hold, or move:

Number of pounds *(No more than twenty (20) pounds with assistance.)*	With intermittent rest?
Times per day	Is help available?

Please check the appropriate frequency of each activity below.

Activity	Frequency			Activity	Frequency		
	Often	Seldom	Never		Often	Seldom	Never
BENDING	☐	☐	☐	REPETITIVE HAND, FINGER, OR WRIST MOVEMENTS	☐	☐	☐
STOOPING	☐	☐	☐	OPERATING CUTTING TOOLS	☐	☐	☐
REACHING ABOVE SHOULDER LEVEL	☐	☐	☐	STANDING OR WALKING	☐	☐	☐
WORKING IN DUST, FUMES, GASES OR IRRITANTS	☐	☐	☐	WORKING WITH CHEMICALS	☐	☐	☐
PUSHING OR PULLING 10+ POUNDS	☐	☐	☐	WORKING IN / WITH EXTREME TEMPERATURES	☐	☐	☐
CLIMBING LADDERS OR OTHERWISE ELEVATED TWO OR MORE FEET	☐	☐	☐	RIDING IN TRANSPORTATION VEHICLES	☐	☐	☐
WORKING WITHIN 10 FEET OF A ROADWAY OR RAILWAY	☐	☐	☐				

Signature of requestor	Date (*mm/dd/yy*)	Signature of approval of IMPACT manager	Date (*mm/dd/yy*)