



Placement Request Form

DVR Counselor Information

Name: _____ Geographic Location: _____
 Phone Number: _____ Email: _____

Client Information

Name: _____ Phone Number: _____
 Start Date: _____ End Date: _____
 Pay Rate: _____ Schedule: _____
 Under 18: yes no Will Your Client Have Job Coach Onsite: yes no

Job Description *List specific tasks. What will your client be doing? What are the physical requirements?*

Tools/Equipment Used:

- Hand Tools:
- Power Tools:
- Machinery:
- Other:
- N/A

Potential Hazards:

- Chemicals:
- Lifting: lbs.
- Other:
- N/A

PPE Required:

- Steel Toed Shoes
- Safety Glasses
- Other:
- N/A

What Safety Training is Provided by the Worksite:

Worksite Information *Worksite may be contacted by Manpower.*

Worksite Name: _____ Worksite Address: _____
 Worksite Contact: _____ Worksite Contact Email: _____
 Worksite Telephone: _____ Worker is Supervised at All Times: yes no
 Time Approver Name: _____ Time Approver Email: _____
 Health Related Precautions: Mask Vaccination Other: _____ N/A

Submit Completed Employment Packet to Manpower

Email all completed documents to:

Briana Lagasse
 briana.lagasse@manpower.com
 207-229-2194

- Please allow up to 3 business days for Manpower to review and respond
- Your clients are not authorized to begin work until you receive an email authorization from Manpower

State of Maine Program Management Contact

Elizabeth A Nitzel
 DVR Statewide Business Consultant
 elizabeth.a.nitzel@maine.gov
 C: 207-441-1308