COMMUNITY WORK EXPERIENCE PROGRAM (CWEP) - JOB REQUEST

State Form 46518 (R / 9-97) / IMP 0001

Requested by:	Date (*month, day, year*)
Name of agency	Location:
Contact person	Contact telephone number
Position requested:	Date needed
Hours needed per week:	Please check: ☐ AM ☐ PM ☐ Both

Job duties (*be specific*):

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

Number of pounds	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	☐	☐	☐	WORKING ON / NEAR MOVING MACHINERY	☐	☐	☐
STOOPING	☐	☐	☐	DRIVING AUTOS, TRUCKS, OR EQUIPMENT	☐	☐	☐
REACHING ABOVE SHOULDER LEVEL	☐	☐	☐	OPERATING CUTTING TOOLS	☐	☐	☐
WORKING IN DUST, FUMES, GASES OR IRRITANTS	☐	☐	☐	WORKING WITH HEAVY EQUIPMENT OR TOOLS	☐	☐	☐
PUSHING OR PULLING 10+ POUNDS	☐	☐	☐	STANDING OR WALKING		☐	☐
CLIMBING LADDERS OR OTHERWISE ELEVATED TWO OR MORE FEET	☐	☐	☐	WORKING WITH CHEMICALS	☐	☐	☐
WORKING WITHIN 10 FEET OF A ROADWAY OR RAILWAY	☐	☐	☐	WORKING IN / WITH EXTREME TEMPERATURES	☐	☐	☐
REPETITIVE HAND, FINGER, OR WRIST MOVEMENTS	☐	☐	☐	RIDING IN TRANSPORTATION VEHICLES	☐	☐	☐

Signature of requestor	Date (*month, day, year*)	Signature of approval of Local Office Director