

The Mississippi Partnership Individual Employment Plan

This form may be used only when it is not possible to create and print the Individual Employment Plan (IEP) from MS Works due to system unavailability or other documented circumstances. The information documented on this paper IEP must be entered into MS Works within **five (5) business days** of completion. The electronic IEP entered into MS Works must accurately reflect the information contained on this paper form, and any discrepancies must be resolved to ensure both versions are consistent.

PARTICIPANT INFORMATION

Participant Name	Date of Birth	Last 4 SSN
Career Goal	Date Plan Created	

Discussed Non-Traditional Employment: ☐ Yes ☐ No

PLAN DESCRIPTION

--

PLAN STEPS

List the steps planned for the participant to achieve their career goal.

	Planned Step	Anticipated Completion Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

SIGNATURES

I certify that I participated in the development and review of this Individual Employment Plan (IEP). I understand the goals, services, and responsibilities outlined in this plan.

Participant Signature: _____ Date: _____

WJC Staff Signature: _____ Date: _____