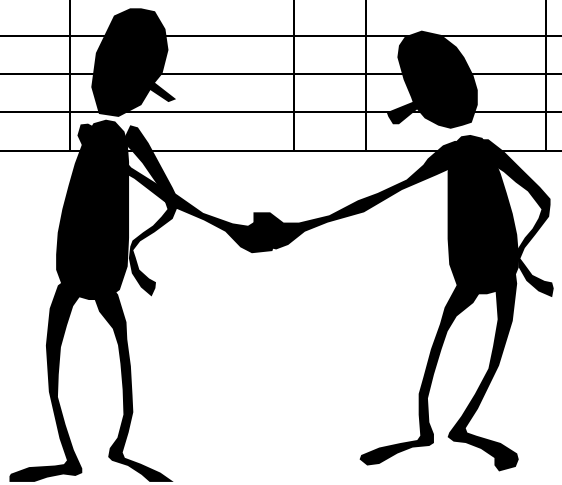
CVS Reporting period for WorkAbility Students

Report period: _____

Complete & Return Form to: Kathleen.Burris@CVSCaremark.com

WorkAbility I Site Name and #	Region/Location	Student's First Name	Student's Initial	Store #	City & County	EST. TOTAL Hours	Start Date	EST. End Date	Hired (y/n/tbd)	CVS Required Form Exhibit A Y/N