



FLORIDA DIVISION OF VOCATIONAL REHABILITATION
ON-THE-JOB AGREEMENT

Customer Name: Customer ID Number:
Referral Date: Provider Referral Acceptance Date:
IPE Job Goal:

ON-THE-JOB TRAINING AGREEMENT

(the Provider) and (the Worksite), located at (Worksite complete address)

Worksite Supervisor's (first/last name), Worksite Supervisor's phone number mutually agree that (VR Customer) will participate in an On-the-Job Training (OJT) experience as an Employee/Trainee for the purpose of gaining practical knowledge and experience in the occupation of. During OJT, the Trainee must: interact on a regular basis with employees who do not have disabilities, and be classified as an employee and not as an independent contractor.

The Customer will be paid at the rate of \$ per hour for a maximum of forty (40) hours per week. (Note: The hourly wage rate indicated should be minimum wage or higher.)

Please indicate if the OJT will take place at the same employer/location as a previous OJT. If yes, please provide a detailed description of the new skills to be developed, and the benefits of continuing the OJT experience with the same employer/location.

Empty rectangular box for detailed description of new skills and benefits.

Please indicate any special conditions that apply to this OJT experience, if applicable.

Special Conditions for the Customer: (Examples-workstation modification, ASL interpreting services, schedule limitations, etc.)

Empty rectangular box for special conditions.



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Worksite requirements (*Examples-Uniforms, tools, background screening, Special Certification etc.*)

Work setting Indoor/Outdoor (If Customer will be working off-site, please provide address of remote work location.)

THE CUSTOMER (EMPLOYEE/TRAINEE) AGREES TO:

- Work at the Worksite in order to receive training and experience;
- Demonstrate an interest in the job and cooperate with all persons involved in training;
- Adhere to all rules and regulations of the business and act in an ethical manner at all times;
- Strive to develop the knowledge and skills necessary to become an effective team member of the business;
- Be punctual and in attendance on the job and at any meetings required by the Worksite;
- Inform the Worksite, the Provider, and the VR Counselor in the event of illness or emergency that prevents attendance artwork;
- Not voluntarily quit or resign from the job without informing the Worksite, the Provider, and the VR Counselor; and
- Actively participate in the vocational rehabilitation process.

THE WORKSITE AGREES TO:

- Provide instruction to the Customer (Employee/Trainee) regarding safe and correct work procedures;
- Supervise the Customer's (Employee/Trainee's) work;
- Ensure the Customer (Employee/Trainee) is receiving appropriate training in the anticipated areas of skills development described in the OJT Plan;
- Ensure the worksite maintains a minimal vehicle insurance policy of \$50,000/\$100,000 if On- the- Job Training recipients will be transported and/or operating vehicles owned by the Worksite. DOE/VR must be listed as certificate holder and additional insured.



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THE PROVIDER AND THE WORKSITE MUTUALLY AGREE:

- That the OJT experience will be in a work setting where people with disabilities engage in typical daily work patterns with co-workers who do not have disabilities; and where workers with disabilities are not congregated.
To permit the VR Counselor to regularly review the progress of the Customer (Employee/Trainee);
The provider agrees to have an approved Request for Approval to Hire a VR Customer form in the event the provider has ownership interest in the OJT worksite. (The OJT cannot start until the Request for Approval to Hire form has been fully approved)
To permit the VR Counselor to visit the Customer (Employee/Trainee) at the job site to provide information and counseling, as appropriate; and (check one):
[] That the Worksite will pay the Customer (Employee/Trainee) directly and is, or will become prior to commencement of the OJT, registered with VR as an OJT Vendor. The Worksite will ensure that an employment relationship exists between it and the Customer (Employee/Trainee) and, therefore, accepts the basic responsibilities of employment as defined under all applicable laws, including but not limited to the Fair Labor Standards Act, and all applicable state and federal labor laws.
[] That the Provider will serve as the Employer of Record and will pay the Customer (Employee/Trainee) and request reimbursement from VR. By choosing this option, the Provider agrees to accept basic responsibilities of employment as defined under all applicable laws, including but not limited to the Fair Labor Standards Act, and all applicable state and federal labor laws.

WORKERS' COMPENSATION REPORTING REQUIREMENTS

- The Provider and/or the Worksite agree(s) to the responsibilities and policies related to Workers' Compensation with the Department of Education/Division of Vocational Rehabilitation. The Provider hereby attests the Customer was provided with a copy of the Vocational Rehabilitation Accident Reporting Instructions card prior to beginning the above agreed upon OJT experience, and the Worksite was provided with copies of the Reporting an on the Job Injury or Illness and Workers' Compensation Liaison forms.

Start date of OJT: _____ Total Number of Hours for OJT: _____
Anticipated Hours per Week: _____ Anticipated End Date of OJT: _____
Number of Weeks: _____ Anticipated Work Schedule: _____



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VR Counselor approval and signature is required before the OJT experience can begin.

VR Counselor must be last signature obtained on this agreement.

REQUIRED SIGNATURES:

CUSTOMER SIGNATURE: _____

DATE: _____

CUSTOMER PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN PRINTED NAME: _____

PROVIDER SIGNATURE: _____

DATE: _____

PROVIDER PRINTED NAME: _____

EMPLOYER OF RECORD SIGNATURE: _____

DATE: _____

EMPLOYER OF RECORD PRINTED NAME: _____

WORKSITE REPRESENTATIVE SIGNATURE: _____

DATE: _____

WORKSITE REPRESENTATIVE PRINTED NAME: _____

TITLE: _____

VR COUNSELOR SIGNATURE: _____

DATE: _____

VR COUNSELOR PRINTED NAME: _____