





**FLORIDA DIVISION OF VOCATIONAL REHABILITATION  
ON-THE-JOB TRAINING  
Request for Modification**

VR Counselor approval and signature is required prior to any OJT modifications.  
VR Counselor must be last signature obtained on this request.

**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: \_\_\_\_\_

**For Official VR Use Only**

Please provide an explanation of what modification was approved, including any key dates.

VR COUNSELOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

VR COUNSELOR PRINTED NAME: \_\_\_\_\_