



FLORIDA DIVISION OF VOCATIONAL REHABILITATION  
WORK-BASED LEARNING EXPERIENCE (WBLE) PLAN

<b>Student Name:</b>	<b>Student VR ID Number:</b>
<b>Referral Date:</b>	<b>Provider Referral Acceptance Date:</b>
<b>Career Field to be explored:</b>	

**WBLE TRAINING WORKSITE AGREEMENT**

*The following Agreement has been developed collaboratively between the Provider, the Student, VR Staff and the Worksite:*

\_\_\_\_\_ (Provider) and \_\_\_\_\_  
(Employer), located at \_\_\_\_\_ have mutually agreed that \_\_\_\_\_  
\_\_\_\_\_ (Student) will participate in a WBLE as an Employee / Trainee for the  
purpose of gaining practical knowledge and experience in the occupation of \_\_\_\_\_  
\_\_\_\_\_ while learning and applying social/soft skills, employability skills, and self-advocacy skills in a  
real world setting.

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

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

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

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

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

The student and the employment specialist identified the following skills to be developed during the work experience: (Please describe how the skills are going to be developed)

**THE STUDENT AGREES TO:**

- Participate in the work experience in order to receive training and experience;
- Demonstrate an interest in the work 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 employee of the business;
- Student agrees to comply with all state and federal laws;
- Be punctual and in attendance during the work experience and at any meetings required by the Employer;
- Inform the Employer, the provider, and the VR Staff in the event of illness or emergency that prevents attendance at work;
- Not voluntarily quit or resign from the work experience without informing the Employer, the provider, and the VR Staff; and
- Actively participate in the Vocational Rehabilitation sponsored Pre-Employment Training Services.

**THE EMPLOYER AGREES TO:**

- Provide instruction to the Student regarding safe and correct work procedures;

- Supervise the Student's work;
- Ensure the Student is receiving appropriate training in the anticipated areas of skills development described in the WBLE Agreement;

**THE PROVIDER AND THE WORKSITE MUTUALLY AGREE:**

- To permit VR Staff to regularly review the progress of the Student (Employee/Trainee);
- To permit VR Staff to visit the Student (Employee/Trainee) and the job site to provide information as appropriate.
- The provider agrees to have an approved Request for Approval to Hire a VR Student 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)
- During the WBLE, the student 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.

**Paid/Unpaid work experience (Check one):**

By checking this box, the provider indicates that the WBLE described herein is being offered as a **paid work experience**. The Student will be paid at the rate of \$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours per week. (Note: The hourly wage rate indicated should be minimum wage or higher and hours must comply with Department of Labor Child Labor Laws.)

By checking this box, the provider indicates that the WBLE described herein is being offered as an **unpaid work experience**.

**For Paid Work Experiences: (check one):**

That the Worksite will pay the Student (Employee/Trainee) directly and will ensure that an employment relationship exists between it and the Student (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 laws.

That the Provider will serve as the Employer of Record and will pay the Student (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 Student 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.

**Disclaimer:** Work-Related Training and Work Experience – limited to 120 hours/per employer, per year, a minimum of 10 hours/per experience. This period of work experience is for the purpose of learning, practicing, or applying soft, social, or work readiness skills.

Start Date of WBLE: _____	Total Number of Hours: _____
Anticipated Hours per Week: _____	Anticipated End Date: _____
Number of Weeks: _____	Anticipated Work Schedule: _____

### REQUIRED SIGNATURES

VR staff approval and signature is required before the WBLE can begin.  
VR staff must be last signature obtained on this agreement.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student printed name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian printed name: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider printed name: \_\_\_\_\_

Worksite representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

Worksite representative printed name: \_\_\_\_\_

Title: \_\_\_\_\_

VR staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

VR staff printed name: \_\_\_\_\_