



FLORIDA DIVISION OF VOCATIONAL REHABILITATION
WORK BASED LEARNING EXPERIENCE (WBLE)
Request for Modification or Extension

Student Name:	Student VR ID Number:
WBLE Start Date:	Anticipated WBLE End Date:
Anticipated Hours per Week:	Total Anticipated Hours for WBLE:
Anticipated Number of Weeks:	Anticipated Work Schedule:
WBLE Position:	
Worksite:	
Supervisor's Name & Telephone Number:	

Request to Modify Active WBLE Agreement

Please provide a specific explanation of the modification requested, including a justification:

WBLE Extension Request

Extension Requests must be completed at least 30 days prior the end of the WBLE Agreement

Justification for Extension Request:	
Additional Number of Weeks Requested for WBLE:	New Anticipated End Date for WBLE:



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

REQUIRED SIGNATURES:

STUDENT SIGNATURE: _____ DATE: _____

STUDENT 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 STAFF SIGNATURE: _____ DATE: _____

VR STAFF PRINTED NAME: _____