



**FLORIDA DIVISION OF VOCATIONAL REHABILITATION (VR)
ACKNOWLEDGEMENT OF INDEPENDENT CONTRACTOR STATUS**

The Provider must obtain written approval prior to placing a Customer in a job in which the Customer is deemed to be an independent contractor. The Provider shall further ensure the Employer acknowledges their understanding of all applicable requirements of the Internal Revenue Code of 1986, as amended.

The following acknowledgements serve as verification that the employment relationship proposed has been discussed collaboratively between the Provider, Employer, and the VR Customer. This form must be submitted with the Notification of Approval for Placement.

CUSTOMER NAME: _____

CUSTOMER ID #: _____

PROVIDER NAME: _____

VR COUNSELOR NAME: _____

The definition of Independent Contractor and the requirements of this status have been discussed with the above named Customer. The Customer has been given the opportunity to ask questions and they have agreed to accept a position as an Independent Contractor. The Customer will be paid at least minimum wage while working in this capacity.

Employer Representative Signature: _____ Date: _____

Employer Representative Printed Name: _____

Provider Representative Signature: _____ Date: _____

Provider Representative Printed Name: _____

I, _____ (Customer Name) have accepted the position of _____ (Job Title) with _____ (Employer). As a condition of this employment, I will serve as an independent contractor, as defined by s.409.2576(2)(a), Florida Statute. The Provider and Employer have discussed with me my responsibilities under the Internal Revenue Code of 1986, as amended, and I understand what is required of me.

Customer Signature: _____ Date: _____

I have reviewed the above information and, through discussions with the Customer, Employer and Provider agree the Customer understands they are being employed as an Independent Contractor and their association responsibilities. I approve the Customer's employment with this Employer.

VR Counselor Signature: _____ Date: _____

VR Area Supervisor Signature: _____ Date: _____