



FLORIDA DIVISION OF VOCATIONAL REHABILITATION

ON-THE-JOB TRAINING PLAN & AGREEMENT

The following Plan and Agreement has been developed collaboratively between the Provider, the Customer, and the Worksite:

ON-THE-JOB TRAINING PLAN

Customer Name:
Customer ID Number:
Referral Date:
Referral Acceptance Date:
Targeted Employment Outcome:
Type of OJT Desired:
Anticipated Area(s) of Skill Development:
How desired OJT relates to targeted employment outcome:
Types of Business to be pursued for the desired OJT:



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_____ (The Provider) and _____
(the Worksite), located at _____, 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. However, pre-
employment transition services, such as Project Search, which provide unpaid work experiences to
transitioning youth, are exempt from this minimum wage requirement.)*

The Worksite agrees that the OJT experience will be provided subject to the following conditions, if any:

- 1.
- 2.
- 3.
- 4.



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By checking this box, the Provider indicates that the OJT experience described herein is being provided as a part of pre-employment transition services and is, therefore, exempt from the minimum wage requirement.

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 at work;
- Not voluntarily quit or resign from the job without information the Worksite, the Provider, and the VR Counselor; and
- Actively participate in the Vocation 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:

- To permit the VR Counselor to regularly review the progress of the Customer (Employee/Trainee);
To permit the VR Counselor to visit the Customer (Employee/Trainee) and 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 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: _____

Anticipated Number of Hours Per Week: _____

Number of Weeks: _____

Total Number of Anticipated Hours for OJT: _____

Anticipated End Date of OJT: _____



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

REQUIRED SIGNATURES:

Customer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

VR Counselor Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Worksite Representative Signature: _____ Date: _____

Employer of Record Signature: _____ Date: _____