



PURPOSE

To ensure standardized format meeting Education and Training Administration (ETA) legal obligations of the Agency and participating employers in the provision of On-The-Job Training services to Vocational Rehabilitation (VR) individuals.

PREPARED BY

Vocational Rehabilitation Counselor

INSTRUCTIONS

Agreement Between North Carolina Division of Services for the Blind (DSB) and: Enter full name of the employer/trainer.

It is understood that: Enter individual/trainee's name (first name, middle initial and last name).

will begin On-The-Job training with the above referenced employer/trainer on ____: Enter the two-digit month, two-digit day and four-digit year for the beginning date of training.

The duration of this agreement will continue up to but not beyond ____: Enter the two-digit month, two-digit day and four-digit year ending date of the training.

Further it is understood that the individual will be remunerated at a rate of \$ ____: Enter hourly rate of pay the employer will pay the individual/trainee. If the position is salaried, divide the total annual salary by \$2,080 to arrive at an hourly rate.

DSB agrees to pay the Employer/Trainer a training fee of \$ ____: Enter hourly dollar amount DSB will reimburse the employer.

per hour for: Hourly reimbursement x total number of planned hours.

not exceeding \$ ____: Enter maximum amount of reimbursement authorized.

The individual will be providing training for: Enter individual/trainee's job title.

A job description is attached or specific job skills: Enter a brief description of essential functions or attach a copy of the employer's job description.

Other classroom training provided by the employer/trainer will be: Briefly describe any classroom instruction associated with training.

The Employer/Trainer will submit a brief Progress Report made available by DSB to the DSB Representative monthly by the: Enter two-digit day monthly progress reports should be completed for each month.

Employer or the Employer's representative signs and dates the form.

Employee/Individual (or parent/legal guardian as required) signs and dates the form.

DSB Representative signs and dates the form.

DISTRIBUTION

Original: Case Record

Copies: Employer

Individual