



Agreement Between
 North Carolina Division of Services for the Blind (DSB)

and _____ (Business). It is understood that _____
 (Vocational Rehabilitation [VR] Intern) will begin an Internship with the above referenced business on
 _____ (date). The duration of this agreement will continue up to but not beyond
 _____ (date). Further, it is understood by all parties that the intern will be remunerated
 at a rate of \$ _____ per hour. DSB agrees to reimburse the business the hourly pay made to the
 intern plus FICA to cover business cost associated with the internship of \$ _____ per hour for
 _____ hours, the total of which will not exceed \$ _____. The Intern will be provided work
 experience associated with the tasks and duties of a _____ (occupation).
 A position description for this occupation is attached or otherwise, specific duties will include:

Understanding

The business understands that an employment relationship will exist for the duration of this internship only and acknowledges the responsibilities as defined under N.C. Workers Compensation statutes, and the Fair Labor Standards Act, U.S. Department of Labor, including time and attendance, payroll, and other records requirements. Intern will be compensated at the same rate as similarly situated employees in an entry-level or probationary employment status, but no less than the higher of the minimum wage specified under the FLSA as amended or the State minimum wage. Business participation in the provision of these training services indicates its compliance with the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990. The business will submit a brief Progress Report made available by DSB-VR on a schedule commensurate with its requests for reimbursement of wages paid. An itemized bill for hours of training to be reimbursed is included on the Progress Report. The business will be reimbursed as requested and on a weekly, bi-weekly, or monthly schedule of its choosing by direct deposit to an account of its choosing. The business will notify the DSB Representative immediately of any unexcused absence. Should the individual not complete the internship, only hours worked prior to the separation date will be reimbursed.

The Intern understands and agrees to maintain daily attendance, work hours and work assignments as agreed upon with the business and contact the DSB Representative immediately if problems arise. Further, the Intern will apply best efforts throughout the Internship, abide by all personnel and administrative rules applied by the business with its regular employees.

Business Partner Representative: _____ (Date) _____

DSB Representative: _____ (Date) _____

DSB Intern: _____ (Date) _____

DSB Chief, VR Field Services: _____ (Date) _____