



PURPOSE

To ensure standardized form meeting DSB policy and other federal and state obligations of the Agency and those of participating businesses in the provision Internship services to Vocational Rehabilitation (VR) individuals. **Final approval of agreement will be requested from the DSB State Office prior to the beginning of the Internship.**

PREPARED BY

Vocational Rehabilitation Counselor or Vocational Rehabilitation Transition Counselor

INSTRUCTIONS

Agreement Between North Carolina Division of Services for the Blind (DSB) and _____: Enter full name of the business.

It is understood that _____: Enter Intern's name (first name, middle initial and last name).

will begin an Internship with the above referenced business on _____: Enter the two-digit month, two-digit day and four-digit year for the beginning date of the Internship.

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 Internship not to exceed 1,000 hours or 6-months beyond the beginning date.

Further it is understood that the Intern will be remunerated at a rate of \$ _____ per hour: Enter hourly rate of pay the business will pay the Intern, generally that of an entry level or probationary status individual in that job classification. If the position is salaried, divide the total annual salary by 2080 to determine the hourly pay rate.

DSB agrees to reimburse the business the hourly pay made to the Intern plus FICA to cover the cost associated with the internship of \$ _____: Enter hourly dollar amount DSB will reimburse the business up to 107.65% of wages paid (to include required business-paid FICA and Medicare taxes).

per hour for _____: Enter total number of planned hours not to exceed 1,000 hours.

not exceeding \$ _____: Enter maximum amount of reimbursement authorized total hours X reimbursement per hour, not exceeding \$10,765 (\$10,000 maximum plus FICA).

The Intern will be provided work experience associated with the tasks and duties of a _____:
Enter job title.

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



The business will complete a brief Progress Report on a form made available by DSB on a schedule commensurate with the schedule of wage reimbursement requests by the business to the agency. This will be completed weekly, bi-weekly, or at least monthly and reimbursed to the business by direct deposit to a business account as directed by the employer.

The Business Partner signs and dates the form.

The DSB Representative signs and dates the form.

The DSB Intern signs and dates the form.

DSB Chief of Vocational Rehabilitation Field Services approves and signs the form.

DISTRIBUTION

Original: Chief, Vocational Rehabilitation Field Services
Copy: Business
Individual
Case Record