



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

and \_\_\_\_\_ (Employer/Trainer).

It is understood that \_\_\_\_\_ (trainee) will begin **On-the-Job Training** with the above reference employer/trainer on \_\_\_\_\_, (date). The duration of this agreement will continue up to but not beyond \_\_\_\_\_ (date). Further, it is understood that the individual will be remunerated at rate of \$ \_\_\_\_\_ per hour. DSB agrees to pay the Employer/Trainer a training fee of \$ \_\_\_\_\_ per hour for \_\_\_\_\_, not exceeding \$ \_\_\_\_\_ to cover costs associated with training.

The individual will be provided training for \_\_\_\_\_ (occupation). A job description is attached or otherwise, specific job skills to be learned are: \_\_\_\_\_

Other classroom training provided by the employer/trainer will be: \_\_\_\_\_

**UNDERSTANDING**

The Employer/Trainer understands that an employment relationship will exist during this training and therefore accepts the responsibilities of employment 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 in support of reimbursements. Trainee will be compensated at the same rate as similarly situated employees, but no less than the higher of the minimum wage specified under the FLSA as amended or the State minimum wage. Employer/Trainer participation in the provision of these services indicates its compliance with the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990. The Employer/Trainer will submit a brief Progress Report made available by DSB to the DSB Representative monthly by the \_\_\_\_\_ day of the month along with an itemized bill for hours of instruction. The Employer/Trainer will notify the DSB Representative immediately of any unexcused absence. Should the Employee/Individual not complete training, only training service prior to separation date will be reimbursed. The Employer/Trainer will provide permanent employment for the individual upon completion of the work experience if agreed upon by the employer and employee/individual.

**The Employee/Individual understands and agrees** to maintain daily attendance, work hours and work assignments as agreed upon with the Employer/Trainer and contact the DSB Representative if problems arise. Further, the Employee/Individual will apply best efforts throughout the On the Job Training Work Experience.

Employer/Trainer : \_\_\_\_\_ Date: \_\_\_\_\_

Employee/Individual:  Date: \_\_\_\_\_

DSB Representative: \_\_\_\_\_ Date: \_\_\_\_\_