



**MODIFIED ON-THE-JOB TRAINING
 AGREEMENT**

(Deleting Reference to Long Term Employment)

**Agreement Between the
 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 (reimburse) the Employer/Trainer a training fee of \$ _____ per hour for _____ hours, 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-VR 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 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: _____