



MODIFIED ON-THE-JOB TRAINING AGREEMENT INSTRUCTIONS

(Deleting Reference to Long Term Employment)

PURPOSE

To ensure standardized format meeting Education and Training Administration (ETA) legal obligations of the Agency of participating employers in the provision of On-The-Job Training services to Vocational Rehabilitation (VR) individuals in a Transition Service Program and/or being served under an Individual Education Plan (IEP) for whom regular employment would not be the outcome at the end of the training program.

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.

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