



AGREEMENT FOR WORK EXPERIENCE WITHOUT PAY INSTRUCTIONS

PURPOSE

To provide individual participation in work experiences without pay as referenced in the Rehabilitation Act and in policy of the Education and Training Administration (ETA) while complying with wage and hour regulations of the Fair Labor Standards Act of the United States Department of Labor.

PREPARED BY

Vocational Rehabilitation Counselor

INSTRUCTIONS

Agreement between the North Carolina Division of Services for the Blind (DSB) and: Enter the full name of the employer (the job site).

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

Experience at the above referenced site on _____: Enter the two-digit month, two-digit day and four-digit year the work experience will begin.

The purpose of this Work Experience is: Place an X in the appropriate box that correlates to the objective of the work experience. The total number of hours referenced for the objective of the work experience need not all be used, however, the total number of hours for the objective cannot be exceeded.

The duration of this agreement will continue up to but not beyond _____: Enter the two-digit month, two-digit day and four-digit year the work experience will end.

Job Site Representative signs and dates the form.

Individual signs and dates the form (parent or legal guardian as required).

DSB Representative signs and dates the form.

DISTRIBUTION

Original: Employer
Copies: Individual
 Case Record