

INSTRUCTIONS FOR COMPLETING FORMS ASSOCIATED WITH EMPLOYMENT SERVICES PROVIDER MANUAL

Pre-Placement Training Report

1. The top portion of the form should be completed with the Customer's name, ID number, referral and acceptance date and employment goal. The Provider must also insert their company name, phone number and name of person conducting the training.
2. There is a space to check whether the training is for the initial 20 hours or the additional 20 hours (only one box should be checked).
3. The next portion is for documenting training activities. The Provider should enter the dates of training, topics discussed, training time and number of hours. The number of hours should reflect the 30 minute lunch break if the training lasts more than four (4) hours. For example; if the training runs from 8:00 am to 4:00 pm the number of hours will reflect 7.5 hours.
4. Next to each topic there is a space to indicate whether the Customer satisfactorily completed that portion of the training. Check either yes or no for each individual topic.
5. Per the Workforce Innovation and Opportunity Act (WIOA), a report of the Customer's performance in Pre-Placement training is required. In the space to the left of the TOTAL HOURS space is a section to include a narrative of the Customer's training experience. Please include information such as; areas which the Customer excelled or struggled, general information of the Customer's attendance, retention of the materials, or any other relevant information. If the Provider feels the Customer would benefit from additional training, this is where they would justify that decision to the Counselor.
6. The Provider and Customer must sign the form.

Pre-Placement Training Survey

The Pre-Placement Training Survey should be completed at the end of the training cycle.

1. The top portion of the form should be completed with the Customer's name, ID number, Provider name and training dates.
2. The Customer will complete the questionnaire by answering each question reflecting their feedback on the training experience.
3. The Customer can answer the last two questions, but it is not a requirement. There are no wrong or right answers.
4. The Customer will then sign the survey.

Acknowledgement of Independent Contractor

If a Customer is hired in a position where they will be considered an Independent Contractor as defined by s.409.2576(2)(a), Florida Statutes, the Acknowledgement of Independent Contractor Status must be completed. The Provider, Employer and Customer must discuss the Customer's responsibilities associated with working as an Independent Contractor and the Customer must agree that they understand the requirements before accepting the position.

1. The Provider will complete the form with the Customer's name and ID number, Provider name and Counselor name.
2. Once the discussion is complete and the Customer is in agreement with the reporting requirements associated with the position, the Employer and Customer will complete their individual portions of the form.
3. The Provider will then submit the form to the VR Counselor who will review the form. Once the Counselor is satisfied the Customer understands the responsibilities of working as an Independent Contractor they will discuss the case with the Area Supervisor.
4. Both the Counselor and Area Supervisor must sign the form before it can be submitted with the NOA for payment.

Request for Approval to Hire a VR Customer

Before a Customer can be hired in a company in which the Provider has ownership interest, a Request for Approval to Hire a VR Customer form must be completed.

1. The Provider will complete the form in its entirety detailing a description of the Customer's duties and how these duties will be conducted in an Integrated Setting as defined in Attachment A.B. Definitions of the Manual.
2. The Provider will then submit the form to the VR Counselor who will review the form. Once the Counselor is satisfied with the Customer's employment, they will discuss the case with the VR Supervisor.
3. Both the Counselor and Area Supervisor must sign the form before the first day of employment in order for payment to be considered.

Individual Career Plan (ICP)

This is a template document which must be filled out in its entirety. The **Date of ICP Discussion** serves as the benchmark date. The Date(s) of ICP Discussion is the date(s) the Provider works with the Customer to gather information on the seven (7) required elements. This will alleviate any confusion of the benchmark date if the Customer is unable to sign the Plan until a later date.

OJT Plan and Agreement

1. The top portion of the form should be completed with the Customer's name, ID number, referral and acceptance Date, targeted employment outcome, type of OJT experiences desired, anticipated area(s) of skill development, how the OJT relates to the employment outcome and types of businesses contacted when developing the OJT site.
2. The Provider, after discussing the OJT experience with the Employer, will list any conditions related to the OJT experience. The form will allow for more than four (4) conditions, if applicable.
3. Students transitioning from school to work or in designated programs, such as Project Search, are exempt from having to meet the minimum wage requirement under the

Manual. Some of these students receive non-paid work experiences. If this is the case, the Provider will check the box indicating the OJT experience is exempt from the minimum wage requirement. If you are unsure whether the Customer you are working with falls under this category, you can contact the Counselor for clarification.

4. Occasionally the Employer doesn't want to become an OJT Employer vendor of VR. Reasons may include not wanting to go through the qualification process or not wanting to wait for reimbursement. If the Employer agrees to the OJT experience but not to becoming a vendor, the Provider can become the Employer of Record. Under the heading **THE PROVIDER AND THE EMPLOYER MUTUALLY AGREE** the Provider will check whether the Employer will pay the Customer, and the Provider will request reimbursement on their behalf, or; the Provider will pay the Customer and request reimbursement directly. If the Provider elects the option to be the Employer of Record they also agree to accept the basic responsibilities of employment, including but not limited to Florida's Worker's Compensation Law.
5. The form requires the Counselor's signature. If the Provider elects to become the Employer of Record they will sign as the Provider and Employer.

OJT FINAL REPORT

1. The top portion of the form should be completed with the Customer's name, ID number, referral and acceptance Date, employment outcome, IPE goal, and type of OJT desired.
2. Complete the proceeding four (4) sections in detail.

OJT Reimbursement Request Form

This form is used to request reimbursement for Customer's wages and benefits.

1. The Provider will complete the top part of the form including; payroll period, Customer (Employee) name and ID number, place of employment, Customer's supervisor's name, name of Employer, Provider FEID number, Employer phone number, and hourly rate.
2. The Provider will complete the middle portion of the form completely. This information includes the week ending information, hours, and total amount for the week.
3. VR reimburses for Employer FICA and Worker's Compensation based on a 13% flat fee. In lieu of the flat fee, you can request total reimbursement. In order to request total reimbursement, you must provide detailed documentation showing proof of payment of the amounts. You cannot be reimbursed for any charges without proper supporting documentation.
4. The Provider must sign this form.
5. This form does NOT go through REBA. Send this form directly to the Counselor.
6. You must submit a copy of the Customer's paystub, and any documentation that supports your reimbursement request along with the OJT Reimbursement Request form.

Staff Quarterly Report

Employee additions and deletions shall be recorded on an on-going basis using the Employee Contact Form. The Staff Quarterly Report is due on the dates required by the Manual and will include all reporting changes during the last reporting period. This form is used to verify VR has the most up-to-date information in its internal database. The Provider Manager will compare the information on the form to VR's internal database. In the event of discrepancies, the Provider will be contacted with further instructions. This report should be sent to the Provider Manager.

1. Complete the top portion of the form and check off the reporting period.
2. List all staff providing direct services.
3. Complete the section designating whether there were any changes in Administrators, Chief Financial Officers or Directors.
4. Please make note of the VR Background Screening Clearinghouse Employee Roster requirement.