



FLORIDA DIVISION OF VOCATIONAL REHABILITATION
ON-THE-JOB TRAINING PLAN & AGREEMENT

The following plan and agreement have been developed collaboratively between the Provider, the Customer, and the Employer:

ON-THE-JOB TRAINING PLAN

Table with 2 columns: Customer Name, Customer ID Number, Referral Date, Referral Acceptance Date, Targeted Employment Outcome, Type of OJT Desired, Anticipated Area(s) of Skill Development, How Desired OJT Relates to targeted employment outcome, Types of Business to be pursued for the desired OJT.

ON-THE-JOB TRAINING AGREEMENT

(the Employer), located at (the Provider) and (VR Customer) will participate in an On-the-Job Training (OJT) experience as an Employee/Trainee for the purpose of gaining practical knowledge and experience in the occupation of

The Customer will be paid at the rate of \$ per hour for a maximum of forty (40) hours per week. (Note: The hourly wage rate indicated should be minimum wage or higher. However, pre-employment transition services, such as Project Search, which provide unpaid work experiences to transitioning youth, are exempt from this minimum wage requirement.)

The Employer agrees that the OJT experience will be provided subject to the following conditions, if any:

- 1.
2.
3.
4.

By checking this box, the Provider indicates that the OJT experience described herein is being provided as part of pre-employment transition services and is, therefore, exempt from the minimum wage requirement.



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### THE CUSTOMER (EMPLOYEE/TRAINEE) AGREES TO:

- Work for the Employer in order to receive training and experience;
- Demonstrate an interest in the job and cooperate with all persons involved in training;
- Adhere to all rules and regulations of the business and act in an ethical manner at all times;
- Strive to develop the knowledge and skills necessary to become an effective employee of the business;
- Be punctual and in attendance on the job and at any meetings required by the Employer;
- Inform the Employer, the Provider, and the VR Counselor in the event of illness or emergency that prevents attendance at work;
- Not voluntarily quit or resign from the job without informing the Employer, the Provider, and the VR Counselor; and
- Actively participate in the vocational rehabilitation process.

### THE EMPLOYER AGREES TO:

- Provide instruction to the Customer (Employee/Trainee) regarding safe and correct work procedures;
- Supervise the Customer's (Employee/Trainee's) work;
- Ensure the Customer (Employee/Trainee) is receiving appropriate training in the anticipated areas of skills development described in the OJT Plan;

### THE PROVIDER AND THE EMPLOYER MUTUALLY AGREE:

- To consult with the VR Counselor if Customer dismissal or layoff is anticipated;
- To permit the VR Counselor to regularly review the progress of the Customer (Employee/Trainee);
- To permit the VR Counselor to visit the Customer (Employee/Trainee) at the job site to provide information and counseling, as appropriate; and (check one)
  - That the Employer will pay the Customer (Employee/Trainee) directly and is, or will become prior to commencement of the OJT, registered with VR as an OJT Vendor. The Employer will ensure that an employment relationship exists between it and the Customer (Employee/Trainee) and, therefore, accepts the basic responsibilities of employment as defined under all applicable laws, including but not limited to the Fair Labor Standards Act.
  - That the Provider will serve as the Employer of Record and will pay the Customer (Employee/Trainee) and request reimbursement from VR. By choosing this option, the Provider agrees to accept basic responsibilities of employment as defined under all applicable laws, including but not limited to the Fair Labor Standards Act.



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**WORKERS' COMPENSATION REPORTING REQUIREMENTS**

The Provider and/or the Employer agree(s) to the responsibilities and policies related to Workers' Compensation with the Department of Education/Division of Vocational Rehabilitation. The Provider hereby attests the Customer was provided with a copy of the Vocational Rehabilitation Accident Reporting Instructions card prior to beginning the above agreed upon OJT experience, and the Employer was provided with copies of the Reporting an on the Job Injury or Illness and Workers' Compensation Liaison forms.

**REQUIRED SIGNATURES:**

Planned Beginning Date: \_\_\_\_\_

Planned Completion Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)

VR Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_