

**Pace Training Program
Office of Vocational Rehabilitation
Trainee Responsibilities Agreement OVR18F**

1. I will be present each day at the Pace site for the hours assigned.
2. Any absence or tardiness must be called in and reported to the Pace staff and to the employer as soon as possible.
3. Unexcused absences will result in a review of my case and possible suspension or termination from the Pace Training Program.
4. Any future appointments that may conflict with my Pace schedule must be discussed with the Pace staff and the employer for approval.
5. I understand that if I do not turn in my timesheet (signed by the employer) along with my evaluation by noon on Monday of the following week, my stipend will be delayed.
6. I agree to follow up with Pace staff for necessary appointments and contacts. Missed appointments and contacts may result in discontinuation from the Pace Training Program.
7. I understand that while I am participating in the Pace Training Program, I will be covered by the Office of Vocational Rehabilitation's accident insurance policy. This covers only medical expenses for a work-related injury incurred while at a Pace training site.
8. I understand that while I am participating in the Pace Training Program, I will receive a training stipend of \$6.25 per hour for a maximum of 95 hours.

Trainee Signature

Date

Staff Signature

Date