

DEPARTMENT FOR WORKFORCE INVESTMENT
OFFICE OF VOCATIONAL REHABILITATION

AGREEMENT FOR ON-THE-JOB TRAINING SERVICES

This AGREEMENT is made this day of , by and between the Office of Vocational Rehabilitation party of the first part and of , party of the second part. Whereas the party of the first part is desirous of securing for the following described rehabilitation service(s), not to exceed the cost rates shown below:

SERVICE: On-the-job training for
(SOC code) (working job title)

On-the-job training (OJT) will include, but is not limited to, the following job duties:

OJT will last for a total of weeks at hours per week. The party of the second part will be reimbursed by the Kentucky Office of Vocational Rehabilitation at the rate of \$ per hour for the actual number of hours employee worked.

Employee is to receive compensation coverage, privileges, etc., that accrues to other employees holding a similar position. There will exist an employee/employer relationship even though this is considered on-the-job training.

OJT Evaluations (forms to be provided) are to be submitted by party of the second part to the Kentucky Office of Vocational Rehabilitation to every week(s) month, along with the invoice for the number of hours actually worked during that time period. Upon receipt of the progress report and the invoice, the designated counselor will send the authorization for payment to Frankfort for reimbursement of OJT cost to party of the second part within 30 working days after receipt of the signed invoice in the office of the designated counselor. A continuation of training allows the party of the second part to retain the trainee at the end of the on-the-job training provided the trainee is able to maintain or improve the level of performance demonstrated in training. This does not preclude the employer from terminating a trainee that is determined to be unable to master the training or dismissing him/her for what the employer deems good cause. The employer agrees to accept and render services to clients of the OVR on a non-discriminatory basis without regard to race, color, religion, sex, national origin, disability, political affiliation or belief.

This agreement is valid from , to notification of change by either party.
(month) (day) (year)

APPROVED BY:

_____	_____	_____	_____
OVR Branch Manager Signature	Date	Agent Signature or Training Agency, Party of the Second Part	Date
_____	_____		
Counselor Signature	Date		

The Kentucky Education & Workforce Development Cabinet, Department for Workforce Investment, Office of Vocational Rehabilitation does not discriminate on the basis of race, creed, color, sex, national origin, age, type of disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy, veteran status, or any other status protected by applicable law.