

**Pace Training Program
Office of Vocational Rehabilitation**

Trainee Name

ID Number

Trainee Liability Agreement OVR18A

I understand that in case of injury during my participation in the Pace Training Program, I am covered for medical expenses by the Office of Vocational Rehabilitation's accident insurance policy. This is contingent upon my performing my job duties to the best of my abilities and the use of good judgment. I understand that I am not covered for transportation to and from the Pace site, or for any act that is specifically excluded. I understand that it is my duty to inform Pace staff immediately if I am injured on the job.

Release of Information OVR18E

I hereby give my informed consent for the release of information, to include disclosure of the nature of my disability, for the purpose of providing assistance in employment training and/or job placement. I understand that this information will be disclosed only on a need to know basis, and when necessary to provide vocational rehabilitation services.

Trainee Stipend Responsibilities OVR18G

1. Trainee is responsible for filling out the timesheet and having the employer sign it. The completed timesheet must be turned in to the Office of Vocational Rehabilitation by noon on Monday for the previous week. If the timesheet is not turned in or is late, it will not be processed by the next week.
2. You must complete the top of the form. The address at the top of the form is where the stipend check is to be mailed.
3. Please allow two to three weeks to receive the check; however, usual turn-around time is approximately one week.
4. Every time you turn in a timesheet, you must also turn in an evaluation sheet.
5. Fax your timesheet and evaluation to _____ at _____.

Trainee Signature

Date

Staff Signature

Date