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| Texas Workforce Solutions | **Texas Workforce Commission****Vocational Rehabilitation Services****Worksite Agreement for Wage Services -** **WorkQuest**  |
| **Customer Information**  |
| **VR Customer’s name:**        |
| **VR Customer’s job title:**       |
| **Wage level and VR customer’s rate of pay:**[ ]  Entry Level - $10.90 **[ ]**  Intermediate - $13.92 [ ]  Advanced - $20.32 |
| **Describe the skills, duties and responsibilities the VR customer will be performing at the worksite.**      |
| **Length of the worksite experience:**       **Week(s)** | **Hours to be worked per week:**       |
| **Worksite Information** |
| **Worksite name:**       |
| **Street address (include suite number, if any):**      |
| **City:**       | **State:**       | **ZIP Code:**       |
| **Main phone number: (**   **)**       |
| **Supervisor’s (or contact person’s) name:**       |
| **Supervisor’s (or contact person’s) title:**       |
| **Supervisor’s (or contact person’s) direct phone number: (**   **)**       |
| **Supervisor’s email address:**       |
| **VR Customer Agreement**  |
| As a VR customer, I agree that:  * A paid worksite assignment is a training program, not paid employment. The following items about your training program are described in the the VR Customer Information section of this form:
* the rate of pay;
* skills, duties and responsibilities to be performed at the worksite;
* length of worksite experience; and
* hours to be worked per week;
* I will not be an employee of the worksite;
* I will be paid to work in the training program by a third party;
* I am responsible for reporting my earnings, in a legible format, to any agency from which I receive economic assistance;
* I am not eligible to apply for unemployment insurance after or during participation in this worksite assignment; and
* This is not a permanent position and can be terminated by any party at any time
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| **VR Customer Signature:****X**   | **Date:**      |
| For VR customers that are under the age of 18, only a parent/guardian/established representative’s signature is required.  |
| **VR Customer’s Authorized Representive Signature, if any:** **X**   | **Date:**      |
| **Worksite Agreement**  |
| **As a worksite, we agree to:*** Provide meaningful, well supervised, safe working conditions for VR customer;
* Assure sufficient work to occupy the VR customer;
* Provide appropriate and sufficient instruction and equipment/materials/tools, as appropriate, for VR customer to conduct their job duties;
* Assure that the VR customer receives equal safety training provided to worksite’s employees performing same job duties;
* Assure that VR customer is always supervised by a qualified supervisor. No VR customer may be placed in a worksite activity where a member of that person’s immediate family is directly supervised by or directly supervises that individual;;
* Assure compliance with state and federal Employee Right-To-Know and Child Labor laws; Americans with Disabilities Act; Fair Labor Standards Act and Equal Employment Opportunity laws and regulations;
* Assure activity of the VR customer will be supplemental and will in no way affect status of regular employees or seasonal employees normally hired;
* Cooperate with TWS-VR staff and WorkQuest in monitoring progress of VR customer;
* Assure that all work is conducted in a sanitary and drug-free environment, under safe working conditions in compliance with OSHA standards or state guidelines if the VR customer’s worksite is within another State of Texas agency;
* Maintain an accurate and legible record of time and attendance for each VR customer; the record shall be signed and submitted according to current payroll process and schedule;
* Inform VR customer of worksite rules including grievance procedures, equal pay and non-discrimination assurances;
* Notify WorkQuest, as applicable, of any VR customer terminations; and
* Notify WorkQuest, as applicable, within one business day of any workplace injury of a VR Customer and submit appropriate forms.
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| **Designated Worksite Supervisor or Designee Name:**        |
| **Designated Worksite Supervisor Signature:****X**   | **Date:**      |