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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 | | | | | |
| **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. | | | | | |
| **Designated Worksite Supervisor or Designee Name:** | | | | | |
| **Designated Worksite Supervisor Signature:**  **X** | | | | | **Date:** |