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| Texas Workforce Solutions logo | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Refusal to Participate in TWS-VRS WIOA Section 511 Required Activities** | |
| **General Instructions** | | |
| This form should be completed by the TWS-VRS Point of Contact and must provided to the individual no later than 10 days after refusal to participate. | | |
| **Required Fields** | | |
| **Last Name:** | | |
| **First Name:** | | |
| **Middle Name:** | | |
| **Description of Refusal:** | | |
| **Reason for Refusal:** | | |
| **Individual’s Signature:** | | **Date:** |
| **Guardian’s Signature:** | | **Date:** |
| **TWS-VRS Signature:** | | **Date:** |
| **This document was delivered**:  In person, hand-delivered  Mailed  Emailed  Faxed  **Date Sent/Delivered:** | | |

Refusal to participate in the required activities under *Workforce Innovation and Opportunity Act Section 511, Limitations on Usage of Subminimum Wage* may impact your ability to earn subminimum wage.