

Alaska Department of Labor and Workforce Development
Division of Vocational Rehabilitation
Work Experience/On-the-Job Evaluation Agreement

DVR Participant: _____ Position: _____

Business Name and Location: _____

Site Supervisor: _____ Phone Number: _____

Scheduled Days: _____

Scheduled Hours: _____

Start Date: _____ End Date: _____

Identified Tasks: _____

By signing this agreement, all parties agree to the following:

The purpose of this work experience/evaluation is to give the DVR participant an opportunity to be exposed to and to perform the duties, to the best of his/her ability, of the identified position.

The DVR participant agrees to voluntarily participate in this work experience and understands he/she is not an employee of the business and thus is not entitled to payment by the business.

The work site will enable the DVR participant to observe, perform typical duties, receive orientation, training and occupational information on the identified position.

During the time of the work experience/evaluation, the participant will be subject to the same work rules, regulations and lines of authority as employees of the business.

This work experience/evaluation may be terminated at any time by any of the parties.

Supervision during this period may be provided by either the business or a DVR representative. Either of these parties may provide feedback to the participant.

There is no commitment on the part of the business to offer employment to the DVR participant upon completion of the work experience/evaluation.

The State of Alaska maintains the liability for Workers Compensation coverage for the individual named above during the work experience/evaluation (AS 23.15.080).

The participant in this work experience/evaluation agrees to notify his/her immediate supervisor if he/she is unable to attend work as scheduled including pre-planning for needed time off and agrees to immediately report any problems to his/her supervisor and to a DVR representative.

DVR Participant _____ Date _____
(By signing this agreement, I authorize a copy of the agreement to be sent to the State of Alaska, Division of Risk Management.)

Business Representative _____ Date _____

DVR Employee _____ Date _____

Send completed form to Risk Management: sheri.gray@alaska.gov