Paid WBLE

 (Today’s date)

 Re: (Student name)

Dear (Employer name):

Thank you for agreeing to work with Nebraska VR in a Work Based Learning Experience (WBLE).

This experience as a (name of job position) will be based on the duties and expectations of this position in your business. The objective of this experience is to assess the following skills: (List Skills)

(Student’s name) will be put on the State Of Nebraska, Department of Education payroll starting (Start date) and is aware that there will be no state benefits provided nor will there be paid holidays, sick or vacation leave. (Student’s name)’s Workers’ Compensation will be covered by the State of Nebraska.

The following are the terms of the work based learning experience:

Wages paid to the student: (Amount)

Total WBL Fee (if any) paid to the employer: (Fee) Please see invoicing directions

Starting Date: (Start date)

Ending Date: (End date)

Reminder: A Work Based Learning Experience may not exceed 40 hours per week. All signed Time Sheets need to be immediately mailed to the appropriate office identified at the bottom of the Time Sheet.

I will be contacting you to obtain feedback regarding (Student’s name) performance. I will be asking you about attendance, grooming, following instructions, completing assignments and additional work behaviors you can provide. I will use this information to assess (Student’s Name) progress during the evaluation period. This information will be shared with the individual.

I will be in contact with you but please feel free to call me anytime to update me on performance or to discuss any areas of concerns. I can be reached at (Office phone number).

Thank you for your assistance.

Sincerely:

(Specialist’s name), VR Employment Specialist

Copy: File

Enclosures: WLB Time Sheet /Invoices

Invoicing directions for employer fee:

In order to invoice Nebraska VR for the agreed upon employer fee, please include the following information on the invoice:

WBL Start and End Dates (Date range, e.g. July 1-July 30, 2017)

Dates of Service

Amount of Agreed On Fee or Hourly Rate and Number of Hours

(Insert Office footer)