



Consent for a Paid On-the-Job Evaluation or On-the-Job Training Placement

Type of Paid Placement:

- On-the-Job Evaluation - To learn about the job, the business or agency, and your interests, skills and abilities.
- On-the-Job Training - To learn how to perform the job.

Based on the terms and conditions of this OJE placement, you will:

- Be paid the federal minimum hourly wage by the State of Nebraska-Department of Education.
- Be subject to income tax withholding, FICA/Medicare deductions and issued a W-2 statement in January.
- Be paid according to the State of Nebraska Bi-weekly Payroll Schedule during the OJE placement.
- Be covered by Worker's Compensation through the State of Nebraska during the OJE placement.
- Not be allowed to work more than 40 hours in a workweek.
- Not be an employee of the State of Nebraska or the placement site.
- Not be eligible for Unemployment Insurance from the State of Nebraska or the placement site.
- Not be entitled to vacation, sick leave, or other benefits from the State of Nebraska or the placement site.
- Not be entitled to a job when this placement ends.

Based on the terms and conditions of this OJT placement, you will:

- Be paid _____ per hour by the State of Nebraska-Department of Education.
- Be subject to income tax withholdings, FICA/Medicare deductions and issued a W-2 statement in January.
- Be paid according to the State of Nebraska Bi-weekly Payroll Schedule during the OJT placement.
- Be covered by Worker's Compensation through the State of Nebraska during the OJT placement.
- Not be allowed to work more than 40 hours in a workweek at the placement site.
- Not be an employee of the State of Nebraska or the placement site.
- Not be eligible for Unemployment Insurance from the State of Nebraska or the placement site.
- Not be entitled to vacation, sick leave, or other benefits from the State of Nebraska or the placement site.
- Not be entitled to a job when this placement ends.

I agree to take part in this placement according to the terms and conditions identified above.

Individual's Signature

Date

Authorized Representative Signature

Date

Nebraska VR Representative

Date

Name of placement site

Address

City

--	--	--