04/2019



Pre-Employment Transition Consent for a Paid Work Based Learning Experience 16 and older workers

Based on the terms and condition	3		
Be paid the federal minimum hourly	y wage by the State of Nebraska-Dep	partment of Education.	
Be subject to income tax withholding	ng, FICA/Medicare deductions and is	sued a W-2 statement in January.	
Be paid according to the State of N	Nebraska Bi-weekly Payroll Schedule	during the Work Based Learning Experience.	
Be covered by Worker's Compensa	ation through the State of Nebraska	during Work Based Learning Experience.	
Not be allowed to work more than 4	40 hours in a workweek.		
Not be an employee of the State of	f 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 p	placement ends.		
I agree to take part in this pl	acement according to the terms	s and conditions identified above.	
I agree to take part in this pl	acement according to the terms	and conditions identified above.	
I agree to take part in this plants of the land of the		and conditions identified above. Date	
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Individual's Signature	e	Date	
Individual's Signature Authorized Representative S	Signature	Date Date	
Individual's Signature	Signature	Date	
Individual's Signature Authorized Representative S	Signature	Date Date	
Individual's Signature Authorized Representative S	Signature	Date Date	
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