(Today’s date)

Re: (Student’s name)

Dear (Employer name):

Thank you for agreeing to work with Nebraska VR on an unpaid 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).

Our guidelines indicate an unpaid On-the Job Evaluation may not exceed 40 hours per week. (Student’s name) has signed a consent acknowledging no entitlement to a job at the end of the experience. Liability is being covered by a State Blanket Accident Policy. The following are the dates of the unpaid Work Based Learning Experience:

 Starting date: (Start date)

 Ending date: (End date)

 Projected hours per week: (Hours)

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

I will be contacting you to obtain feedback regarding (Student’s name) performance. I will be asking 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 concern. I can be reached at (Your office number).

Thank you for your assistance.

Sincerely:

(Specialist’s name), VR Employment Specialist

Copy: File

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

Section 4