



# ON-THE-JOB TRAINING ACCOUNTABILITY AGREEMENT

(For plans submitted 7/1/11 – 6/30/12)

Worker's Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
VRC's Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

*This document provides the facts necessary to make an informed decision regarding vocational retraining benefits and explains the responsibilities you and your vocational counselor (VRC) have. You and your VRC must discuss the information in this document and you must initial each item. Please contact the department to clarify any information in this document before it's signed and returned.*

## WORKER ACCOUNTABILITY AGREEMENT

### If I Select the Training Plan (Option 1):

- a. I understand that if I fail to comply with this accountability agreement and my training plan the benefits under my claim may be suspended or terminated per RCW 51.32.099. \_\_\_\_\_  
initial
- b. I have read and understand \_\_\_\_\_ (name of employer)  
attendance and performance policies. \_\_\_\_\_ initial
- c. I will fully participate in my training plan in compliance with the employer's attendance and performance policies. \_\_\_\_\_ initial
- d. I will keep all records related to my training plan including training expenses, and all plan related correspondence, including (check all that apply): \_\_\_\_\_ INITIAL
- |   |  |
|---|--|
| <input type="checkbox"/> Attendance or timecard reports | <input type="checkbox"/> Training registration and schedules                                 |
| <input type="checkbox"/> Paystubs (if applicable)       | <input type="checkbox"/> Certificates of completion  |
| <input type="checkbox"/> Grade reports (if applicable)  | <input type="checkbox"/> Receipts for all expenses, including tools, equipment, and supplies |
| <input type="checkbox"/> Mileage vouchers               |  |
| <input type="checkbox"/> Other (specify) _____          |  |
- e. I will notify my VRC of any absences from my training plan. \_\_\_\_\_ INITIAL
- f. I will quickly respond to my VRC and return all contacts within 48 hours. I realize my VRC is required to contact me at least twice a month. \_\_\_\_\_ INITIAL
- g. I will sign a release of information, allowing \_\_\_\_\_ (employer) and my VRC to share information about my training progress. \_\_\_\_\_ INITIAL
- h. I will work with my \_\_\_\_\_ (employer) and VRC if I need any help. I understand my training progress will be monitored by my trainer, supervisor and VRC. \_\_\_\_\_ INITIAL
- i. I will notify my claim manager and VRC right away if I have any concerns about my ability to complete my training plan, including difficulty with course materials, changes in medical conditions or physical restrictions, and home and family situations. \_\_\_\_\_ INITIAL

Department of Labor and Industries  
PO Box 44291  
Olympia WA 98504-4291  
Website: [www.lni.wa.gov](http://www.lni.wa.gov)



**ON-THE-JOB TRAINING  
ACCOUNTABILITY  
AGREEMENT**  
(For plans submitted 7/1/11 – 6/30/12)

Worker's Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
VRC's Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

**WORKER ACCOUNTABILITY AGREEMENT (continued)**

- j. I understand my VRC will be required to contact my trainer and supervisor to: \_\_\_\_\_ INITIAL
- Obtain records of my training attendance and plan participation.
  - Complete regular evaluations on my behalf, including: skills and knowledge gained, degree of participation, actual attendance and degree of achievement in the training plan.
- k. I will participate in all vocational placement activities, which may include preparing employment applications, a resume, and other activities to assist me in obtaining a job. \_\_\_\_\_ INITIAL
- l. I understand that the department (L&I) or my self-insured employer will continue to provide all benefits I am entitled to receive on my claim while I am participating in my training plan. \_\_\_\_\_ INITIAL
- m. I understand my VRC's responsibilities in this document. \_\_\_\_\_ INITIAL
- n. I understand that employers may require pre-employment screening for the occupation that I am seeking training. I attest that I can meet the hiring requirements that I have initialed below. \_\_\_\_\_ INITIAL

*Initial only those requirements that apply for your occupation.*

\_\_\_\_\_  
INITIAL Driving history

\_\_\_\_\_  
INITIAL Criminal background check

\_\_\_\_\_  
INITIAL Drug screening test

\_\_\_\_\_  
INITIAL Other (specify): \_\_\_\_\_

*I have reviewed, understand, and agree with my training plan. I have also discussed the information in this Accountability Agreement with my VRC and I understand that I must perform the described responsibilities.*

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date

Department of Labor and Industries  
PO Box 44291  
Olympia WA 98504-4291  
Website: [www.lni.wa.gov](http://www.lni.wa.gov)



## ON-THE-JOB TRAINING ACCOUNTABILITY AGREEMENT

(For plans submitted 7/1/11 – 6/30/12)

Worker's Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
VRC's Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

### VOCATIONAL REHABILITATION COUNSELOR (VRC) RESPONSIBILITIES DURING PLAN

#### If the Worker Selects the Training Plan (Option 1):

- a. I will review with the worker: all records, expenses, and correspondence relating to the training plan; including supplies, materials, and performance records provided by the worker, trainer and supervisor.
- b. I will contact the trainer/supervisor regularly to review the training progress. I will request the trainer/supervisor provide a written evaluation of the worker's participation, attendance, and progress in the training plan.
- c. I will meet with or contact the worker at least twice a month to monitor their plan progress.
- d. I will be aware of training site attendance and performance policies and will review these with the worker within one week of the start of each quarter.
- e. If the worker fails to cooperate I will provide oral notification to the department immediately to be followed by written notification and documentation within two working days.
- f. I will assist the worker to develop job seeking skills during the job placement phase of the training plan. This will include learning how to prepare and submit letters of interest, employment applications, developing a resume, interviewing skills and other job seeking skills instruction. I will also review the results of the worker's contact with employers.
- g. I will report to L&I on the worker's progress as required.

*I have read and discussed the Accountability Agreement and the training plan with the worker and answered all questions.*

\_\_\_\_\_  
VRC's Signature

\_\_\_\_\_  
Date



Worker's Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
VRC's Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

### OPTION 2 DISCUSSION

*I am not selecting Option 2 benefits at this time. I am discussing the choice to participate in my training plan or select Option 2 benefits. This discussion is required if I have not previously received Option 2 benefits on this or any other claim.*

*If my training plan is approved, I will receive a plan approval letter. The letter includes a Retraining Plan Option Form I will use to notify L&I if I will participate in my approved training plan (Option 1) or select an alternative self-directed training benefit (Option 2).*

#### **If I Select Option 2 Benefits:**

- a. I must complete the Retraining Plan Option Form and mail it to L&I. This form must be received by L&I within 15 days from the date on my plan approval letter. If it is not received by the deadline, I must start my approved training plan. \_\_\_\_\_ INITIAL
- b. I understand I can only choose Option 2 once in my lifetime. \_\_\_\_\_ INITIAL
- c. I understand I will not continue with my training plan; however, I can make arrangements with the school or training program to attend using my Option 2 benefits. \_\_\_\_\_ INITIAL
- d. I understand my time-loss will end on the day my Option 2 request is approved, and medical treatment ends and my claim will close. \_\_\_\_\_ INITIAL
- e. I understand I will receive a one-time vocational award equal to six-months of time-loss benefits (less any overpayments). This award will be paid every two weeks until the award balance is paid or my eligibility ends. \_\_\_\_\_ INITIAL
- f. I understand starting on the day Option 2 benefits are approved; I'll have up to five years and \$15,713.49 to spend on training. \_\_\_\_\_ INITIAL
- g. I understand I can attend any licensed, accredited or L&I-approved school or training program. \_\_\_\_\_ INITIAL
- h. I understand I can use my training funds on the following expenses: \_\_\_\_\_ INITIAL
  - Tuition or training fees for approved programs or courses.
  - Books, fees, supplies, equipment or tools required for the program or course.
  - Licensed childcare or dependent care while attending approved programs or courses.



Worker's Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
VRC's Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

**OPTION 2 DISCUSSION (Continued)**

- i. I understand my training funds cannot be used for on-the-job training, self-employment, job modifications, lodging, relocation or transportation costs (including mileage and parking). \_\_\_\_\_ INITIAL
- j. I understand I cannot use my Option 2 training funds for costs such as special ergonomic equipment to attend training or to aid employment. Additional funds for these purposes are also not available from L&I. \_\_\_\_\_ INITIAL
- k. I understand Option 2 will be a self-directed training program. L&I will not provide a VRC to assist me to plan or organize my training. I will be responsible to find a school or training program, register for classes, and follow the proper process for accessing my training funds. \_\_\_\_\_ INITIAL

Check One:

- I have discussed with my VRC and I understand the Option 2 benefits.*
- I have already received Option 2 benefits previously and this Option 2 discussion does not apply.*

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date

Check One:

- I have explained the Option 2 benefits and answered all questions.*
- The worker has already received Option 2 benefits previously and this Option 2 discussion does not apply.*

\_\_\_\_\_  
VRC's Signature

\_\_\_\_\_  
Date