



Work Experience/ Subsidized Employment Placement Authorization Form

Customer Information

Name: Juan Marquez

TWIST ID#: _____ Center: McAllen

Funding Stream: _____

Office Use Only

Training Account (TA)#: _____ GAZELLE (GAZ)#: _____ Voc Rehab#: 2116279

Employer Information

Site Name: Precinct 2 Indoor Sports Complex - StrougfFit

Site Address: 3600 ATHOL Street

City: Pharr State: TX Zip Code: 78577

Supervisor: Juan Bracamontes Telephone: 956-322-6583 Fax: N/A

Alt. Supervisor: N/A Telephone: _____ Fax: N/A

Customer's Job Title: Coaches Assistant

Proposed Training

Weekly Approved Hours: 7 Total Training Hours: 84

Wage: \$ 11.42 per hour Training Start Date: 2/23/2026

Proposed Training Cost: \$ _____ Training End Date: 5/15/2026

Fiscal Use Only

Salary - \$	Fringe - \$	Unique Service Fee - \$	Total - \$
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CUSTOMER ACKNOWLEDGEMENT – Training is NOT Unemployment Compensation Qualified

I understand that this is a training program funded by federal/state funds and is therefore excluded from Unemployment Compensation. **Customer's Signature:** [Signature]

WORK SCHEDULE

	Time In	Time Out (Lunch)	Time In (Lunch)	Time Out
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday	<u>10:00 am</u>	<u>12:00p</u>	<u>12:30p</u>	<u>2:00pm</u>
Thursday				
Friday	<u>10:00 am</u>	<u>12:00p</u>	<u>12:30p</u>	<u>2:00pm</u>

Work schedule may vary based on employer needs (If Applicable)

Career Counselor Name: Jeanette Lora Date: 2/03/26

Signature: [Signature]

Name of Manager or Designee: _____ Date: _____

Signature: _____

Name of Director or Designee: _____ Date: _____

Signature: _____

EQUAL OPPORTUNITY IS THE LAW

Lower Rio Grande Valley Workforce Development Board dba Workforce Solutions is an equal opportunity employer/program and auxiliary aids and services are available upon request to individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989/1-800-735-2988 (voice).

***Funding Stream Field: If Other, Please Enter Text



Texas Workforce Commission
 Vocational Rehabilitation Services
**Paid Work Experience
 Worksite Agreement**

Paid Work Experience Services must be provided in accordance with the [Board VR Requirements Manual](#). This Agreement may be modified or replaced if conditions change. Failure to fulfill the responsibilities set out in this document may result in: disallowed costs and/or barring future participation in this program.

Participant Information

Participant name: Juan Marquez

VR Case ID: 2116279 Date of birth: 8/22/2005

Contact number: (956) 308-2001 Email address: rmzmandoc05@gmail.com

Local Workforce Development Board and Board Contractor

Board name: Lower Rio Grande Valley

Board contractor name (when applicable): C2 Global Professional Services

Point of contact name: Claudia Olazaran Point of contact email address: claudia.olazaran@wfsolutions.org

Point of contact phone number: (956) 683-3712 Fax number: (866) 607-8169

Worksite Placement

Worksite: Precinct 2 Indoor Sports complex - strongfit

Street address (include suite number, if any): 3600 Athol Street

City: pharr State: TX ZIP code: 78577

Designated Worksite Supervisor or Contact Person Name: Juan Bracamontes

Phone number: (956) 322-6583 Email address: juan.bracamontes@co.hidalgo.tx.us

Describe the skills, duties and responsibilities the VR participant will be performing at the work experience site.

Coaches Ass:stnt

Length of the worksite experience: 12 Week(s) Hours to be worked per week: 7


Worksite Agreement

- As a worksite, we agree to:
1. Provide meaningful, well supervised, safe employment for VR participants;
 2. Assure sufficient work to occupy the VR participant;

3. Provide appropriate and sufficient instruction and equipment/materials/tools, as appropriate, for VR participants to conduct their job duties;
4. Assure that any VR participant receives safety training provided to employees performing same job duties;
5. Assure that all VR participants are supervised at all times by a qualified supervisor. No VR participant may be placed in an employment activity where a member of that person's immediate family is directly supervised by or directly supervises that individual;
6. Assure compliance with state and federal Employee Right-To-Know and Child Labor laws; Americans with Disabilities Act; Fair Labor Standards Act and Equal Employment Opportunity laws and regulations;
7. Assure employment of the VR participant will be supplemental and will in no way affect status of regular employees or seasonal employees normally hired;
8. Cooperate with TWC-VR staff in monitoring progress of VR participants;
9. Adhere to the regulations and conditions as outlined on this Agreement and in the Board VR Requirements Manual;
10. Assure that all work is conducted in a sanitary and drug-free environment, under safe working conditions in compliance with OSHA standards;
11. Maintain an accurate record of time and attendance for each VR participant, which record shall be signed and submitted according to the:
 - Worksite payroll process and schedule
 - Board payroll process and schedule

For the avoidance of doubt, VR participants are not employees of the worksite, and the worksite shall not be liable for any amounts owed to any VR participant.
12. Inform VR participants of employment rules including grievance procedures and non-discrimination policy;
13. Notify Service Provider (Board) of any VR participant terminations; and
14. Notify Service Provider (Board) within one business day of any workplace injury of a VR Participant and submit appropriate forms.

Designated Worksite Supervisor Name: Carlos Bracamontes

Designated Worksite Supervisor Signature: X 	Date: <u>2/3/20</u>
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Participant Agreement

Note: A parent or representative must sign if the student is a minor (under 18 years of age).

As a participant, I agree that:

1. Paid work experience assignments will not exceed twenty (20) hours per week and twelve (12) weeks per worksite assignment;
2. I am responsible for reporting my earnings to any agency from which I receive economic assistance; and
3. This is not a permanent position and can be terminated by any party at any time.

VR Participant Signature: X <u>Juan Marez</u>	Date: <u>2/3/2020</u>
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Parent/Guardian/Representative Signature: X <u>Maria G Ramirez</u>	Date: <u>2/3/2020</u>
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