Signature of Employer



## VOCATIONAL TRAINING PLAN OWNERSHIP AGREEMENT FOR TOOLS AND EQUIPMENT

Date

For Job Modifications use page 2 of F245-346-000 Job Modification Assistance Application

For Pre-Job Accommodations use page 2 of F245-350-000 Pre-Job Accommodation Assistance Application

Worker			Da	te of Plan	Claim Number		
Return to	wor	k goal	L				
					Page 1 of		
	>	I understand that the tools and/or equipment, as detailed on the attached inventory, are to be purchased as part of my training plan. However, they remain the property of the Department of Labor and Industries.  I further understand that permission to use these items is contingent on cooperative participation in my training plan and may be withdrawn at any time while the department remains the owner.					
	>						
	>	I further understand that I am fully responsible for the custody of the listed items, and I agree to maintain these items and keep them secure from damage, loss or theft.					
	>	<ul> <li>I further understand that if these items are not used by me in the return-to-work goal identified above, or if my training plan fails, or if my counselor or the department informs me, for any reason, that these tools and/or equipment are to be returned to the department, I am obligated to do so immediately.</li> <li>I understand that non-portable items or items permanently attached to, or installed on, employer owned equipment or property will become property of the employer regardless of my return-to-work status.</li> </ul>					
	>						
	>	> I further understand that upon successful completion of my training plan, as determined by the department, the ownership of the listed tools and/or equipment will be transferred to:					
Worker				Employer Representa	ative		
			OR				
		Signatu	re of A	greement			
	Ιı	understand the agreement as shown a	bove a	nd I am willing to com	ply with the terms		
Signature	of V	Vorker			Date		

		Page 1 of					
Ownership Agreement Tool and Equipment Inventory							
Quantity	Item	Cost/Item	Total				
		Grand Total					
This list may be	adjusted per department authorization proc	ess.					
Signature of Worke	Date						
Signature of Emplo	Date						

Claim Number

Worker