

TANF Policy 11-Attachment I -Work Experience Agreement

Work Experience Agreement

Client Name: _____

Work Experience Provider

Name: _____

Telephone Number: _____

Address: _____

E-mail address: _____

Address: _____

Fax Number: _____

City: _____

State: _____

Maximum Hours Allowed In Work Experience Activity: _____

Work Experience Placement Type:

Private for Profit () Non-Profit Organization () Public Agency ()

The Work Experience Provider agrees to the following:

- Provide a fully completed time sheet weekly including information on participant performance.
- Contact the E&T contractor immediately if the individual does not perform satisfactorily and/or fails to arrive at the work site at the agreed upon time.

Planned Work Experience Period: Start Date _____ End Date _____

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Work Hours							

Position: _____

Job Duties/Skills to be Acquired:

Signatures:

Work Experience Provider

Date

Contractor

Date