State of Alaska
Department of Health and Social Services
Division of Public Assistance

Work Experience Placement Agreement

Participant's Name: ______________________________

Work Services Provider Name: ______________________________

Address: ______________________ City: __________ State: ______ Zip: ______

Phone: ______________________

Work Site Name: ______________________________

Address: ______________________ City: __________ State: ______ Zip: ______

Phone: ______________ Name of Work Site Supervisor: ______________________

☐ Community Work Experience (CWE) ☐ Business Work Experience (BWE)

Start Date: __________ End Date: __________ Number of Hours per Week: __________

Work Schedule (Days/Times): ______________________________

List work site tasks assigned to the participant. ______________________________

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Additional Information: ______________________________

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Participant's responsibilities:

- Arrive promptly for work.
- Treat this work experience like a job.
- Ask your supervisor for help if you need it.
- Notify your supervisor, DPA caseworker or representative, and childcare provider if you cannot be at work as scheduled.

I understand that if I am dismissed, terminated, or fired because of poor attendance, poor performance, for acts which endanger myself or others, or I quit without good cause from this Business Work Experience, there may be a loss or reduction of my Temporary Assistance and Supplemental Nutrition Assistance Program (SNAP) benefits.

Participant's Signature: ______________________________ **Date:** __________

Site Supervisor's Signature: ______________________________ **Date:** __________

Caseworker's (DPA or its agent) Signature: ______________________ **Date:** __________

ORIGINAL – Job Development Office
COPY – Worksite, Client, and Case Record