



**State of Alaska**  
**Department of Health and Social Services**  
**Division of Public Assistance**  
**Work Experience Placement Agreement**

Participant's name:	
Work Services Provider name, office address and phone:	Work site name and address:  <input type="checkbox"/> CWE <input type="checkbox"/> BWE
Work site phone number:	Name of work site supervisor:
Start date:	End date:
List work site tasks assigned to the participant:	Additional information:
Number of hours per week:	Work schedule (days/times):

**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, or 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 benefits and Food Stamps.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker (DPA or its agent)

\_\_\_\_\_  
Date

ORIGINAL - JOB DEVELOPMENT OFFICE    COPY - WORKSITE    COPY – CLIENT    COPY – CASE RECORD