Georgia Department of Human Services Division of Family and Children Services WORK EXPERIENCE AGREEMENT

County Department of Family and Children Services

Case Name:			
Client Name:			
Client ID Number:	Case Manager Telephone:		
	Worker ID:		
Sponsor Name			
Address:		_	
Street Address	City/State	Zip	
Code Contact Person/Title:	Telephone Number:		
Skills to be learned:			
Placement Period (Start):	(End):Hou	(End): Hours per Week:	
The sponsor agrees to:			
 Give consideration to the participant if qualified Provide supervision and training for the particip Complete the participant's monthly Record of A Furnish all needed supplies and equipment for Provide for the health and safety of the participa Not use the participant to fill a vacancy created Not displace a paid employee or fill a vacant pa Not discriminate against the participant on the B Not involve the participant in partisan political a Notify the DFCS County Director if the participant 	ant Attendance and Performance Report the participant ant by a strike, lockout, or other labor action aid position with a work experience particip basis of race, color, religion, gender, age, activities ant is involved in an accident.	oant national origin, or disability	
By signing this agreement, the sponsor understa the sponsor for providing training, supervision ar with the signatures of both parties. Either party m writing.	nd work experience for the participant. This	s agreement becomes effective	
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Signature of Sponsor / Date	Signature of Sponsor / Date Signature of Site Developer / Date		
Title of	 Mailin	- Mailing Address	
Sponsor Placement Terminated:			
Date	Signa	ture/Title	
Reason Terminated:			