Make Up Hours Agreement

**Purpose:** Use this form to establish and document the terms of an agreement between Workforce Solutions and a customer for the customer to make up hours of participation.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperation Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_ Weekly Hours Assigned: \_\_\_\_\_\_\_

Assigned Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Hours to Make Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Hours Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Hours Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Hours Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement**

**Participation:** I understand I must participate in activities assigned to me by Workforce Solutions. I understand I must submit a report of my time and adequate proof documents by the due date given to me on this form.

**Good Cause:** I understand that I must contact Workforce Solutions by the due date given to me on this form - if I have a good reason for not participating in my assigned activities.

**Penalty:** I understand failure to provide participation or a good cause reason by the due date given to me on this form will result in the following:

* Workforce Solutions will notify the Texas Health and Human Services Commission to terminate my cash grant and Medicaid benefits, and I will have to reapply for this assistance.
* My Workforce Solutions financial aid will stop —including payments for child care expenses.

Signature of Workforce Solutions Customer **REQUIRED** Date

Signature of Workforce Solutions Counselor **REQUIRED**  Date