



Workforce Solutions

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 _____