State of Illinois
Department of Human Services - Division of Rehabilitation Services

TRIAL WORK AGREEMENT

Customer Name:	Case Number:

Services Provided

The services to be provided by DRS during this Trial Work Experience are:

Agreement

I agree to participate in a Trial Work experience. As an individual interested in pursuing a successful employment outcome, my responsibilities are to report to work on time, work to the best of my ability, follow work rules established by the employer and report any work related concerns to my counselor. I also agree to:

I have discussed this Trial Work Agreement with my Rehabilitation Counselor/Instructor and understand its content. I am also aware of my right to appeal and the availability of the Client Assistance Program.

x _____ _____

Customer Signature Date

_____ _____

Counselor/Instructor Signature Date