**Community Work Service (CWS) Performance Agreement:**

Offender Full Name: Offender #:

You have been referred to the following DOC CWS Partner in order to complete your community work service obligation:

CWS Partner Name: Case #:

Contact Person: Phone #:

CWS Address:

You will begin your hours of community work service on , completing hours per week / month, due by .

You should turn in your completed CWS Time Sheet monthly or as otherwise directed in order to be credited with the time.

I also agree to abide by the following rules of conduct while performing my CWS:

1. Obey all rules of the CWS Partner.
2. I may not report for work under the influence of intoxicants.
3. I am prohibited from receiving / making telephone calls or having visitors while at the CWS Partner location.
4. I am to report for work as scheduled.
5. I must obtain the CWS Partner’s approval prior to being absent.
6. I must report any injuries sustained while at CWS to my assigned Probation Officer immediately.

I understand the above community work service schedule. Any deviations from this assignment or problems which cannot be resolved with the CWS Partner must be reported by me to my assigned Probation Officer immediately. My placement with this CWS Partner is an opportunity to complete my community work service requirement. Abuse of this opportunity will result in my discharge from the Community Work Service Program, and I will be referred back to my Probation Officer for appropriate action. I understand that I may not terminate my CWS placement without prior approval from my Probation Officer.

Offender Signature Date

Probation Officer Signature Date

Distribution:

Offender Copy: File Copy: