State of Illinois
Department of Human Services

GENERAL ASSISTANCE EMPLOYMENT-TRAINING PROJECT ASSIGNEMENT OR RELEASE 6A (1 YEAR)

SPONSOR OR PROJECT SUPERVISOR:
Please read and complete page 2.

Project Sponsor: _____

Date: _____

Report to: _____

Address:

To:

Date: _____ at: _____

Total number of hours you are to work during this month:

_____

Case I.D. No.: _____

Project No.: _____

Wage rate used to determine number of hours you are to work:

☐ Report for work

$ _____ per hour.

State law says someone getting General Assistance must earn part of their benefit. You will get a work assignment each month you are on General Assistance.

You must report for your work project to the person listed in the upper right corner. **If for any reason you cannot work, let your caseworker know right away.** Your cash may stop if you do not report for work without a good reason. You will not be able to get cash for 3 months if your cash stops because you did not report for work.

If you think you cannot physically do this work project, let your caseworker know right away. A physical exam will be set up for you.

Address of Assistance Unit: _____

Signature of Supervisor of General Assistance: _____

☐ Release From Work because:

☐ Private Employment ☐ Physical Condition ☐ Project Closed

☐ Assistance Discontinued ☐ Temporarily Unavailable ☐ Change of Address

☐ Other: (specify): _____

Address of Assistance Unit: _____

Signature of Supervisor of General Assistance: _____

INSTRUCTIONS: For REPORT TO WORK: Make 4 copies. Mail original to recipient, the second and third copies to Sponsor who will return one copy. Retain the fourth copy. For RELEASE FROM WORK: Make 3 copies. Mail original to recipient and second copy to Sponsor. Retain third copy.

NOTICE TO SPONSOR OR PROJECT SUPERVISOR:

The worker has the following physical limitations: _____

Please take this into account in the assigning of work.

INSTRUCTIONS: Please complete both copies. Return one to the originating assistance office and retain the other for your files. If worker reported for work, return the form within 4 days after completion of the required number of hours or after rejection for work. If the worker reported but was absent for 3 days, return form on the 4th day of absence. If worker did not report, please return form within 4 days after date to report to work.

Should the worker become ill while at work and be sent home, please notify the Assistance Office immediately.

I hereby certify that the person named on the reverse side:

☐ Reported for work and worked _____ days, a total of _____

☐ Reported for work, worked _____ days, a total of _____ hours, but has been absent since

Date: _____

☐ Did not report for work. (Explain below if the reason is known.)

☐ Reported for work, but did not work; referred to assistance office.

☐ Was rejected for project employment. (Explain below).

Date: _____

Signature of Supervisor of Project Supervisor: _____

THIS SPACE IS TO BE USED BY SPONSOR FOR EXPLANATION IF WORKER DID NOT REPORT OR WAS REJECTED:

Print Form Reset Form