

This work experience will begin ___/___/___ and will continue
 until ___/___/___ (date) will work at
 _____ (volunteer)
 _____, from _____ to _____
 (location) (hour) (hour)
 on _____ during the work experience
 (days of the week)
 period. Although _____ will perform duties
 (volunteer)
 similar to those performed by _____

 (job series and title of position if volunteer were an employee),
 he/she will not be used to displace any employee or impair
 existing contracts for service. _____
 (volunteer)

will not be paid by the FAA for this work experience. This work
 experience agreement can be terminated by the FAA at any time due
 to improper work performance, or conduct by the volunteer.

_____	_____
(volunteer)	(date)
_____	_____
(state agency representative)	(date)
_____	_____
(FAA representative)	(date)

* NOTE *

If requested by the state vocational rehabilitation agency,
 progress reports and attendance records can be provided.