



Client Fill-In Acceptance Form

Clients Name:

Client's Schedule:

Date Schedule will be worked:

Total Number of Hours:

DCW Accepting Fill In:

Print Name:

Signature:

Date:

*If you are not able to fulfill this agreement once signed, you will need to give a two (2) week notice. If your case is scheduled to be worked within those two (2) weeks, **you must work the case**. If not, you will be immediately terminated.