



## SAMPLE SELF-EMPLOYMENT AGREEMENT

Date		Claim No	
Return-to-Work Goal		Worker	
Worker's Home Address			
City	State	ZIP	Phone
Proposed Name of Business			
Business Address			
City	State	ZIP	Phone

### Agreement

I understand that in order for the Department of Labor and Industries to determine whether services or funds should be authorized to assist me in becoming self-employed, I must furnish the Department with the following evidence prior to developing a vocational plan:

- (a) That my qualifications, interests and abilities are appropriate for my self-employment goal
- (b) If personal funds, business loans or other financial resources are available to establish and operate the business on a sound basis
- (c) The completed worksheets obtained from the Small Business Administration
- (d) If the proposed enterprise will result in an outcome of Return to Work or Able to Work as determined by the Department of Labor and Industries.

Worker's Signature	Date
Counselor's Signature	Date