

Union Mine High School Work Permit Contract

Student Name: (Please Print) _____

Students are responsible for **regular attendance** and **successful progress** in the classes in which they are enrolled in order to retain a Work Permit.

A Work Permit may be canceled for any of the following reasons:

1. Failure to attend school
2. Excessive absences and/or tardies
3. Multiple discipline referrals
4. Lack of academic and classroom success (**maintain a 2.0 GPA**)
5. Dropping out of school or expulsion from school
6. At the request of the student's parent
7. At the request of UMHS administration

Cancellation Process:

1. Parent contact will be made when appropriate
2. The employer will be notified that a Work Permit is canceled

Please note:

- Students who change jobs and or employers must apply for a new Work Permit.
- This Work Permit will expire 5 days after the beginning of school in the fall.

I have read and understand the above information:

Student Signature _____ **Date:** _____

Parent Signature _____ **Date:** _____

Employer Signature _____ **Date:** _____

Statement of Intent to Employ Minor and Request for Work Permit

Not a work permit —Print all information except signatures

For Minor to Complete



Minor's name (last name first) _____ Social security number _____ Date of birth _____ Age _____ Grade _____

Street address _____ City _____ ZIP Code _____ Home telephone _____

Union Mine High School

School name _____
6530 Koki Lane _____ El Dorado _____ 95623 _____ 530-621-4003

Street address _____ City _____ ZIP Code _____ School telephone _____

For Employer to Complete (Please review rules for employment of minors on reverse.)



Name of business _____

Street address _____ City _____ ZIP Code _____ Business telephone _____

Minor's work duties _____ Hourly wage _____

Maximum number of hours of employment when school is in session:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____ Weekly = _____

In compliance with California labor laws, this employee is covered by worker's compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Supervisor's signature _____

Supervisor's name (print or type) _____

For Parent or Guardian to Complete

This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that, to the best of my knowledge, the information herein is correct and true. I request that a work permit be issued.

In addition to this employer, my child is working for: _____

Name of business

Signature of parent or legal guardian _____

Date _____

For School to Complete

Evidence of minor's age _____

Type:

Regular _____

Vacation _____

Year-Round _____

Signature of verifying authority _____

Work Experience Education _____