

WORK PERMIT INSTRUCTIONS

1. A work permit is issued to you and your employer. If you change jobs, you will need to apply for a new work permit.
2. California Labor Law dictates which hours a minor may work, as well as the duration of hours. The hours are printed on the back of the work permit.
3. Work permits will be issued only to students who are in "good standing," i.e. maintaining a 2.0 GPA and attendance.
4. Work permit applications must be filled out completely, including employer and parent signatures.
5. Work permits may be issued for a limited amount of time to allow your counselor to evaluate your academic progress.
6. Work permits WILL BE REVOKED if a student's GPA falls below a 2.0 and/or school site counselors or administrators deem attendance unacceptable.
7. You and your parent must sign this cover sheet before your work permit will be processed.

After reading the above, please sign and return.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

**STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR WORK PERMIT-
CERTIFICATE OF AGE**

CDE B1-1 (Rev. 07-10)

A "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR WORK PERMIT-CERTIFICATE OF AGE" form (CDE B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

(Print Information)

Minor's Information

Minor's Name (First and Last) Home Phone _____

Birth Date Social Security Number Grade Age _____

Home Address City Zip Code _____

School Information

School Name School Phone _____

School Address City Zip Code _____

To be filled in and signed by employer. (Please review the General Summary of Minors' Work Regulations on reverse.)

Business Name or Agency of Placement Business Phone Supervisor's Name _____

Business Address City Zip Code _____

Describe nature of work to be performed: _____

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.

Employer's Name (Print First and Last) Employer's Signature Date _____

To be filled in and signed by parent or legal guardian

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 and belief, the information herein is correct and true. I request that a work permit be issued.

Parent or Legal Guardian's Name (Print First and Last) Parent or Legal Guardian's Signature Date _____

For authorized work permit issuer use ONLY

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

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
_____ Proof of Minor's Age (Evidence Type)				Check Permit Type:			
_____ Verifying Authority's Name and Title (Print)				<input type="checkbox"/> *Full-time		<input type="checkbox"/> ***Work Experience	
_____ Verifying Authority's Signature				<input type="checkbox"/> **Workability		Education, Vocational	
				<input type="checkbox"/> Restricted		Education, or Personal	
				<input type="checkbox"/> General		Attendant	

*EC 49130 | **Permit Type defined by local school | ***Special Education Grant

Copy-District or County Superintendent; Employer; Parent or Legal Guardian

(Over)