

SANDUSKY CITY SCHOOLS MINOR WORK PERMIT INSTRUCTIONS



1. All Sandusky Schools students aged 14-17 must obtain an "Application for Minor Work Permit" at the Sandusky City Schools Administration Building, 407 Decatur Street or online at www.scs-k12.net. *It is the student's responsibility to complete the necessary documentation and permit processing in advance of starting their job. Students aged 18+ and graduates are not required to complete a work permit.*
2. **Students must obtain*** a current hard-copy printout of their year-to-date attendance and tardy report (valid for one (1) week) from their school office and **present it when returning application.** *Not required during summer months*.* **NOTE:** *Students with more than 10 unexcused absences must be approved by the Superintendent or designee**.*
3. **Student and a Parent/Guardian** must legibly complete and sign the "Student/Applicant Information" section (on back) of the "Application for Minor Work Permit."
4. **Student and a Parent/Guardian** are responsible to have the "Physician's Certificate for Minor Work Permit," (below) legibly completed by a physician. A previous Physician's Certificate or sport physical, current within one (1) year, and on file at the Administration Building, is valid for use with Work Permits.
5. **Pledge of Employer:** Once an employer has offered a job, the **Student** is responsible to take the form to the **Employer** to legibly complete the "Pledge of Employer" section (on back) of the "Application for Minor Work Permit." **Students are to make sure ALL sections marked with blue arrows, are completely filled out and signed or the permit will be returned to the student and no work permit will be issued.**
6. **Age Verification** must be provided with application. (Ex: Previous Work Permit, Birth Certificate, OH Driver's License, OH State ID, SCS School ID, etc.)
7. **Packet Completed:** **Physicians Certificate, Application, Pledge of Employer, Age Verification, and Attendance Report** are to be returned to the Administration Building any business day Monday-Friday, 7:15AM to 8:00AM and 3:30PM to 4:00PM. Non-school day hours may vary, see posted hours. **No Work Permit will be issued during school hours (SDA 1).** **NOTE:** Permits are prepared as quickly as possible, but may be delayed up to 48 hours for processing, that may require the student return at a later time or day to sign for the Work Permit. **Plan ahead to complete and file.**
8. Have you had a Work Permit previously? (Please check one) ___ Yes ___ No
9. **STUDENT must be present and we require a valid photo ID or Birth Certificate to sign the processed Permit.** *Parent/guardian does need to be present to complete the work permit.*
**Non-school day hours are times when school is not in regular session. 1 SDA students are exempt from hours limitation.*
***Permit review by Superintendent/designee may take 24-72 hours, permit may be conditional and may be revoked.*

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 ORC

APPLICANT INFORMATION #4 PHYSICIAN MUST COMPLETE OR PREVIOUS PHYSICAL WITHIN ONE YEAR

Name of Student / Applicant in full: Sex: Male Female

Date of Birth: Height: ft. in. Weight: lbs. Color of Hair: Color of Eyes:

Distinguishing Characteristics, if any:

School District: Building:

Parent or Guardian: Parent or Guardian Telephone Number:

PHYSICIAN'S APPROVAL

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE THOROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE DESCRIPTION GIVEN HEREON, AND THAT SAID PERSON;

IS IS NOT

IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF ANY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF THIS AGE AND SEX.

Physician's Signature

Date Signed

NOTE: IF WORK SHOULD BE LIMITED TO A CERTAIN TYPE OF EMPLOYMENT, THE PHYSICIAN MUST MARK THIS FORM ACCORDINGLY IN THE AREA BELOW.

Limited Certificate: YES NO

If Marked YES; Employment should be Limited to Work Specified Below:

APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 ORC

STUDENT / APPLICANT INFORMATION

#3 STUDENT AND PARENT/GUARDIAN COMPLETE

Name of Student / Applicant in full:

Sex:

Male Female

Grade Level:

Proof of Age (Type of document):

Age:

Date of Birth:

Physician's certificate:

Submitted with this application Valid physician's certificate on file

Address of Student /Applicant:

School District:

Building:

Parent or Guardian:

Parent or Guardian Telephone Number:

Address of Parent or Guardian:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE STATEMENTS ARE TRUE AND THAT THE MINOR NAMED ABOVE WILL WORK WITH MY APPROVAL.

Signature of Parent or Guardian

Date Signed

THE NUMBER OF HOURS OR DAYS AND THE TIMES DISPLAYED BELOW OR ON THE FINAL PERMIT ARE FOR REGULATORY PURPOSES ONLY AND ARE NOT TO BE CONSTRUED IN ANY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER AND THE EMPLOYEE.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND APPROVED THE ABOVE NOTED DOCUMENTARY PROOF OF AGE.

Superintendent / Chief Administrative Officer / Designated Issuing Officer

Do not complete this section for OFFICE USE ONLY

Address of Office

PLEDGE OF EMPLOYER #5 ALL BLUE SECTIONS BELOW REQUIRED TO BE COMPLETED BY EMPLOYER

Name of Firm:

Telephone Number at Minor's Work Location:

Address of Student /Applicant's Place of Employment, Job Site, or Work Location:

Specific Nature of Employment:

Employer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY

IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIMES IN ITEMS 1 THRU 4. ARE HOURS TO BE WORKED WITHIN THE LIMITS OF THE LAW?

YES

NO

No. of Days Per Week:

1 Enter A Number Here

Hours Per Day:

2 Enter A Number Here

Starting Time:

3 Enter A Number Here

Quitting Time:

4 Enter A Number Here

THE UNDERSIGNED HEREBY AGREES TO EMPLOY THE ABOVE NAMED CHILD IN ACCORDANCE WITH LAWS REGULATING THE EMPLOYMENT OF MINORS. THE EMPLOYER FURTHER AGREES TO GIVE MINOR A COPY OF THE WAGE AGREEMENT IN ACCORDANCE WITH SEC. 4109.42 ORC. THE EMPLOYMENT WILL BECOME EFFECTIVE AS SOON AS THE NECESSARY AGE AND SCHOOLING CERTIFICATE IS VERIFIED BY THE EMPLOYER. THE EMPLOYER AGREES TO PERMIT THE CHILD TO ATTEND PART TIME SCHOOL WHEN SUCH IS AVAILABLE AND TO NOTIFY THE SCHOOL WITHIN FIVE DAYS AFTER THE EMPLOYMENT OF THE CHILD TERMINATES

Signature of person authorized to sign for employer

Date signed

Telephone number

Address of employer if different from minor's place of employment

E-Mail address

(Optional- if employer wants notification in case of revocation)