

**Statement of Intent to Employ Minor and Request for Work Permit
NOT A WORK PERMIT – PRINT ALL INFORMATION EXCEPT SIGNATURES**



310-395-3204 x71474

Directions: Please type or print using a blue or black ink pen.

TO BE COMPLETED BY MINOR APPLICANT AND PARENT/GUARDIAN			
Name of Minor: (last) (first) (MI)		Address:	
Age:		DOB: (MM/DD/YY)	
Ethnicity:		Social Security Number:	
Home Telephone or Parent Cell Number:		City:	
Name of School:		School Address:	
Student ID:		Grade:	
Counselor:		School Telephone Number:	
PARENT'S STATEMENT: 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.		Signature of Parent/Guardian: Signature MUST be original, NO fax or photocopies accepted (x) _____	
Date:			
STUDENTS: A minimum 2.0 GPA is required on the most recent report card with no failing grades in any class and no less than an 85% attendance/tardy record in every class to qualify for a work permit.			

TO BE COMPLETED BY EMPLOYER			
Name of Business:		Street Address:	
Telephone Number:		City:	
Ext:		ZIP:	
Fax:		Email:	
Weekly Maximum Hours:		Applicant's Job Title/Work Duties:	
Hourly Wage:		Workers' Compensation Carrier:	
EMPLOYER'S STATEMENT: In compliance with California labor laws, this employee is covered by Workers' Compensation Insurance. This business does not discriminate unlawfully on the basis of race ethnic background, religion, sex, color, national origin, ancestry, age, physical handicap, or medical. I hereby certify that, to the best of my knowledge, the information herein is correct and true.		Supervisor's Name: (Print) _____	
		Signature MUST be original, NO fax or photocopies accepted	
		Supervisor's Signature: (x) _____	
Date:			
EMPLOYER: If any employer segment is left blank, we will ask the student to return it to you for completion. The Dept of Labor requires all information be complete to issue a permit.			

TO BE COMPLETED BY SCHOOL			
Work Permit Type:		Evidence of Minor's Age:	
[] Regular		[] ROP CVE/WEE	
[] Probationary-Att		[] ROP CVE/Probationary	
[] Vacation		[] Birth Certificate	
		[] Passport/Visa	
		[] CDL/CID	
		[] Other _____	
		[] School Record	
Form Issue Date:		Signature of Verifying Authority:	
Date Returned:		Exp Date:	

Minor must live or attend school within the Santa Monica-Malibu USD boundaries to be issued a permit from SMMUSD.

The student must pick up the work permit in person. Student's signature in our presence is required to release the permit.

School Year Work Permit Office Hours: Monday – Thursday, 3:30 – 5:30 p.m, Friday 3:30 – 4:00 p.m.

Summer Work Permit Office Hours: Monday-Thursday, 1:00 – 5:30 p.m.

Returned Monday.....Pickup Wednesday
Returned Tuesday.....Pickup Thursday
Returned Wednesday.....Pickup Friday

Returned Thursday.....Pickup Monday
Returned Friday.....Pickup Tuesday

Questions?? – Call the CTE/ROP Office at - 310-395-3204 x71474