



Cuyahoga Falls City Schools
Harold E. Wilson Administrative Center
Department of Student Services/Special Education
431 Stow Ave
Cuyahoga Falls, Oh 44221
330 926-3800 Fax 330 916-6028

WORK PERMIT INSTRUCTIONS

Work permit applications are available at the Harold E. Wilson Administrative Center offices for students who live in the Cuyahoga Falls City School District.

The Work Permit has three sections that must be completed before the permit can be processed. These sections are:

1. Student/Applicant Information- This section must be signed by the custodial parent or legal guardian before the permit may be processed.
2. Pledge of Employer- The employer must complete this section and sign where appropriate. The “specific nature of employment” must be clearly stated. NOTE: Approximate hours can be entered. **The term “varies” is not acceptable.** Also the Employer’s Tax ID Number is **MANDATORY**.
3. Physician’s Certificate- A physical is required before the permit may be issued. Physicals are valid for a period not to exceed one year from the date of issuance.

When all three sections of the application are completed return the form to the Harold E. Wilson Administrative Center office of Student Services, 431 Stow Avenue, Cuyahoga Falls, 44221.

NOTE: The Work Permit is valid only for the employment for which it was processed. A new Work Permit is required for each new employment. Physicals are valid for one year.

Any questions regarding your Work Permit application and requirements may be directed to the Pupil Services Office at 330-926-3800 ext. 502040

QUICK REFERENCE GUIDELINES FOR EMPLOYMENT OF MINORS

The following is provided as a quick reference summary guide only and should not be construed as anything else. It does not include all requirements of the minor labor laws. The Ohio Revised Code, Chapter 4109 takes precedence and should be referred to for all minor employment. To obtain a copy of 4109 and the Ohio Minor Labor Laws poster, please contact:

Ohio Department of Commerce
Division of Industrial Compliance and Labor
Bureau of Wage & Hour Administration
6606 Tussing Rd.
P. O. Box 4009
Reynoldsburg, OH 43068-9009
Phone: (614) 644-2239

Website : <http://www.com.ohio.gov>. The term "minor" refers to individuals under eighteen (18) years of age.

WORK PERMITS: (Age and Schooling Certificate, O.R.C. Title 3331)

Every minor fourteen (14) to eighteen (18) years of age must have a work permit, unless otherwise stated in Chapter 4109.

1. The application for minor work permit form is a prerequisite for the minor work permit. It contains employer and job information, employer pledge and parental consent.
2. The physician certificate or evidence of a physical exam on file with the school.
3. The minor, parent, or even employer may print the form(s) from the web site.
4. The forms should be completed in their entirety by each party and signed. The employers tax ID number is mandatory. Unsigned forms should not be accepted by the school. The physician certificate may or may not be needed depending on the minors health or athletic physical exam history.
5. The minor should return the completed form to the designated school personnel who will then issue the minor work permit based in part on the information contained on the pre-application.
6. The employer must return the working permit to the Superintendent of Schools within three (3) days after the termination of the minor.

WAGE AGREEMENTS

Employer must prepare, in duplicate, a written agreement indicating the agreed remuneration for every minor fourteen (14) to eighteen (18) years of age .

- One copy to remain on file at the establishment where the minor is employed.
- One copy to be given to the minor for his/her retention

• REST PERIOD

- Minors must receive a thirty minute break when working more than five (5) consecutive hours.

- **LIST OF MINORS EMPLOYED**

- The employer shall keep a list of minors employed at each establishment, and such list must be posted in a conspicuous place to which all minor employees have access.

- **TIME RECORDS**

- Every employer shall keep a time book or other written records showing actual starting and stopping time for hours worked and each rest period. These records must be kept for two (2) years.

- **RESTRICTIONS FOR HOURS WORKED**

- 1. Minors under 16 years of age are prohibited from working:
 - Before 7:00 a.m. or after 7:00 p.m. when school is in session
 - Before 7:00 a.m. or after 9.00 p.m. when school is **NOT** in session or during a school holiday of five (5) or more days (USDOL does not allow for the school holiday of 5 or more days exemption)
 - More than 3 hours in a school day
 - More than 18 hours in a school week
 - More than 8 hours a day when school is **NOT** in session
 - More than 40 hours per week when school is **NOT** in session

2. Minors 16 and 17 years of age are prohibited from working, when school is in session:

- Before 7:00 a.m. on a day when school is in session (such as Monday thru Friday)
- Before 6:00 a.m. when school is in session if they did not work after 8:00 p.m. the previous night
- After 11:00 p.m. on any night preceding a day that school is in session (such as, Sunday thru Thursday)

- **WITHHOLDING WAGES**

- Wages may **NOT** be withheld from minors for shortages, presumed negligence, breakage of machinery, incompetence, or inability to perform work according to any standard of merit.

- **PROHIBITED OCCUPATIONS FOR MINORS**

- Minors are restricted from working in occupations that are considered hazardous or detrimental to their health as outlined in Administrative Rule 4101:9-2, O.R.C.

- **DOOR TO DOOR SALES**

- Minors under 16 years of age may **NOT** engage in door to door employment unless the for profit employer is registered with the Ohio Department of Commerce, Division of Labor and Worker Safety, Bureau of Wage and Hour.

- **EXCEPTIONS**

- Refer to Chapter 4109.06 O.R.C. for exceptions to coverage.

APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 ORC

STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

Grade Level:

Male Female

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

Name of Office

Address of Office

PLEDGE OF 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

No. of Days Per Week: Hours Per Day: Starting Time: Quitting Time:

①

②

③

④

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

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)

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 ORC

APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

Male Female

Date of Birth:

Height:

Weight:

Color of Hair:

Color of Eyes:

<input type="text"/>	<input type="text"/> ft. <input type="text"/> in.	<input type="text"/> lbs.	<input type="text"/>	<input type="text"/>
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Distinguishing Characteristics, if any:

School District:

Building:

<input type="text"/>	<input type="text"/>
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Parent or Guardian:

Parent or Guardian Telephone Number:

<input type="text"/>	<input type="text"/>
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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.

X

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:

<input type="text"/>
<input type="text"/>
<input type="text"/>