



ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
WAGE AND HOUR

STUDENT LEARNER WORK PERMIT

THE STUDENT LEARNER WORK PERMIT PROGRAM CONCEPT AND GOALS: District and School Administrators, educators, counselors, and the teacher-coordinator are responsible for facilitating information and collaboration between all entities that support the student learner programs to ensure the program runs safely and effectively.

8 AAC 05.040. General. [Restricted Occupations]

- (c) An exemption for student-learners applies when
(1) the student-learner is enrolled in a course of study and training in a cooperative vocational training program under a recognized state or local educational authority or in a course of study in a substantially similar program conducted by a private school; and
(2) the student-learner is employed under a written agreement which provides that
(A) the work of the student-learner in the occupations declared particularly hazardous will be incidental to the training;
(B) the work will be intermittent and for short periods of time, and under the direct and close supervision of a qualified and experienced person;
(C) safety instructions will be given by the school and correlated by the employer with on-the-job training; and
(D) a schedule of organized and progressive work processes to be performed on the job will have been prepared
(3) each written agreement contains the name of the student-learner, and is signed by the employer and the school coordinator or principal.
(d) Copies of each agreement covered by (c) of this section must be kept on file by both the school and the employer.

A. EMPLOYER/SCHOOL INFORMATION [to be completed by EMPLOYER and TEACHER-COORDINATOR]
Name of Employer DBA
Employer Local Mailing Address
Location of Employment (physical address)
Type of business and products sold/manufactured/services rendered
Duties to be Performed/Equipment to be Used by Student Learner
Total hours student learner will work _____ Straight-time pay rate \$ _____ /hour
Student Learner's School _____
Address _____ City _____ Zip Code _____
Teacher-Coordinator's Name _____ Contact No. _____
Outline all school instruction directly related to the employment training, including the elements of the student learner's schedule of "organized and progressive work processes to be performed," as required by 8 AAC 05.040. Will the school credits be awarded for participation in the program? How many?
Will this student learner work in an establishment that serves alcohol? Yes ___ RDP Number _____ No ___

B. PARENT/LEGAL GUARDIAN*INFORMATION [to be completed by PARENT/LEGAL GUARDIAN]
[*Legal guardian documentation proving guardianship/parent must be confirmed by school official and parent/guardian signing box on page 2]
Student Learner's Name Address DOB
Your Phone Number Cell Email Best Way to Contact You?
Guardian's Name Address City Zip

VERIFICATIONS

School Official

I certify that the referenced student will receive instruction in an accredited school and will be employed pursuant to the bona fide work training program, and that the employment is in conformance with all safety requirements in connection with the safe employment of children. I will contact Wage and Hour immediately should any questions arise relating to the student learner's safety and health while participating in this program.

I further affirm that documentation proving parent/legal guardian status has been reviewed by the school and the student learner employed under this work training program will earn educational credits for his/her participation, and that this program will conform to the Wage and Hour approved schedule of organized, progressive and closely monitored work processes for the safety and benefit of the student learner.

School Official's Printed Name

School Official's Signature

Date _____

Employer Representative

I certify that the referenced student will receive instruction in an accredited school and will be employed pursuant to the bona fide work training program, and that the employment is in conformance with all safety requirements in connection with the safe employment of children. I will contact Wage and Hour immediately should any questions arise relating to the student learner's safety and health while participating in this program.

I am aware that the student learner employed under this work training program will earn educational credits for his/her participation, and I affirm that this program will conform to the Wage and Hour approved schedule of organized, progressive and closely monitored work processes for the safety and benefit of the student learner.

Printed Name

Signature

Title

Date

Parent or Legal Guardian*

I affirm that I am the:

Parent/Step-Parent _____

Legal Guardian* _____

As the parent/step-parent or legal guardian of the referenced minor, I give my permission for his/her participation in this student learner program.

*Legal guardian must provide school with documentation proving guardianship of the named student and that said minor has legal guardian's consent to be employed in a bona fide student learner program.

I am aware that this student will receive instruction in an accredited school, will earn educational credits for his/her participation, and will be employed pursuant to a bona fide work training program in conformance with all safety requirements relevant to the safe employment of children. I will contact Wage and Hour immediately should any questions arise relating to the safety and health of my student learner's activities in this program.

Printed Name

Signature

Date

For Alaska Department of Labor and Workforce Development Use Only

The Student Learner Work Permit for

_____ has been

Approved _____ Denied _____ Revoked _____

Remarks/Amendments:

**Dr. Tamika L. Ledbetter, Commissioner
Alaska Department of Labor and Workforce Development**

Date _____

By _____

Title _____

Phone _____