



ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
WAGE AND HOUR ADMINISTRATION

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. Administrators' responsibilities are to provide adequate training and ongoing professional development, to facilitate curriculum/program development, and to provide input on the program evaluation to ensure that the district has clear labor program policies. Once the Department approves the program, school administrators provide support for developing the program, assume responsibility for developing policies that serve students' unique needs, and work to eliminate/reduce problems related to the program's day-to-day operation. **The teacher-coordinator's chief responsibilities are the planning and actual implementation and day-to-day operation and management of the work program, to include the selection of worksites, worksite coordination, training of worksite personnel regarding the program's expectations, selecting and placing students in worksites, evaluating programs and monitoring to confirm that the individual student learner's goals have been met. Wage and Hour may inspect to verify workplace conditions at any time and/or revoke the work permit without prior notice.**

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. This exemption for the employment of student-learners will, in the department's discretion, be revoked in any individual case if it is found that reasonable precautions have not been observed for the safety of minors employed under the agreement

| | |
|---|---------------------------------------|
| 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 the Wage and Hour Administration 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 the Wage and Hour Administration 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 the Wage and Hour Administration 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 _____