

## Steps to take for Work Permit issuance

1. Ensure that all areas of the form are complete.
2. Take work permit data sheet to either the Dept. of Labor located on White Bluff Rd. or SCCPSS BOE located on 208 Bull Street.
3. Work Permit card shall be issued.

## WORK PERMIT DATA SHEET

(For Collection of Information ONLY)

|                                                                                                                                                                                                                |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>A</b>                                                                                                                                                                                                       | <b>Information on Minor</b><br>(Please Print) |
| Name _____<br><div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>MI</span> </div>                                             |                                               |
| Street _____ City, State, Zip Code _____                                                                                                                                                                       |                                               |
| County _____ Parent / Guardian's Name _____<br><div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>MI</span> </div>            |                                               |
| Date of Birth _____ Age _____ Race _____ Gender _____<br><div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> |                                               |
| SSN / Parent Alien Certification Number _____ Home Phone Number (_____) _____                                                                                                                                  |                                               |
| Is minor a GA student? _____ If so, School of Attendance & Grade _____                                                                                                                                         |                                               |
| <b>You must present a Birth Certificate to the Issuing Officer.</b>                                                                                                                                            |                                               |

|                                                                                                                                                      |                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b>                                                                                                                                             | <b>Employer Information</b><br>(Please Print)                                                                                                                                                                                                                            |
| For employer internet access go to <a href="http://www.dol.state.ga.us">www.dol.state.ga.us</a> , select Child Labor, then select Online Work Permit |                                                                                                                                                                                                                                                                          |
| Name of Employer _____                                                                                                                               |                                                                                                                                                                                                                                                                          |
| Physical Address _____                                                                                                                               |                                                                                                                                                                                                                                                                          |
| City _____ State _____ Zip Code _____ County _____                                                                                                   |                                                                                                                                                                                                                                                                          |
| Phone No. _____ Type of Industry _____                                                                                                               |                                                                                                                                                                                                                                                                          |
| Job Duties: _____                                                                                                                                    |                                                                                                                                                                                                                                                                          |
| # <input type="checkbox"/>                                                                                                                           | Enter maximum hours per school day. Hours will be scheduled between _____ : AM / PM _____ : AM / PM<br><div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Earliest Start Time</span> <span>Latest End Time</span> </div>     |
| # <input type="checkbox"/>                                                                                                                           | Enter maximum hours per non-school-day. Hours will be scheduled between _____ : AM / PM _____ : AM / PM<br><div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Earliest Start Time</span> <span>Latest End Time</span> </div> |
| # <input type="checkbox"/>                                                                                                                           | Enter maximum hours per week when school in session.                                                                                                                                                                                                                     |
| # <input type="checkbox"/>                                                                                                                           | Enter maximum hours per week when school not in session.                                                                                                                                                                                                                 |
| <b>NOTE: Circle AM or PM.</b>                                                                                                                        |                                                                                                                                                                                                                                                                          |
| <b># Each box requires a number</b>                                                                                                                  |                                                                                                                                                                                                                                                                          |
| / /                                                                                                                                                  |                                                                                                                                                                                                                                                                          |
| Printed Name and Title of Employer providing information                                                                                             | Signature _____ Date _____                                                                                                                                                                                                                                               |

**THIS IS NOT AN EMPLOYMENT CERTIFICATE.**

This form is used for obtaining information for the issuance of electronic work permits. Minor completes Section A Employer