



Machelle Kline, Executive Director
Office of Accountability
Tonya L. Freeman, Supervisor
Division of the Registrar
430 Cleveland Avenue
Columbus, OH 43215
Ph. 614.365-5692
Fax 614.365-5892
www.columbus.k12.oh.us

Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

WORK PERMIT APPLICATION INSTRUCTIONS

The Work Permit Application includes three sections:

- 1. Student information section:** The student must complete this section and a Parent/Guardian must sign the form. The student must present the application to the Division of the Registrar with all parts completed, along with proof of age (School ID, birth certificate, State ID, or Driver's License).
- 2. Pledge of Employer section:** The employer **must complete** this section, including the **Mandatory Tax ID number** before the student's work permit will be processed.
- 3. Physician's Approval:** This section must be completed and signed by a physician or a **signed** copy of a recent physical may be attached. If getting a physical at a private doctor, please have the doctor stamp or print their name and location.

Columbus City Schools offers a limited number of physicals two days per week for students currently enrolled in the District, on a first come/first serve basis. The physicals are given at 61 S. Sixth Street, in the lower level, on the following days and times:

| | |
|----------------------|------------------------|
| Tuesday Mornings: | 8:00 a.m. – 11:30 a.m. |
| Thursday Afternoons: | 1:00 p.m. – 4:00 p.m. |

No Appointment is necessary.

After all portions of the work permit application are complete, please take it to the Division of the Registrar, located at 430 Cleveland Avenue, inside of the Central Enrollment Center, between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday.

Mandatory: The student **must be present** to receive the work permit.

-Continued-

Additional Information:

- Ohio law requires that employed minors between 14 and 18 years of age obtain a work permit.
- A new work permit is required each time the place of employment changes.
- An 18-year old does not have to have a work permit even if they are still a student.
- Once a student graduates, or receives a GED, a work permit is no longer required regardless of age.
- Minors 14 and 15 years of age must attend a full school day and may only work three hours a day after school, 8 hours a day on Saturday and Sunday, but not more than 18 hours a week.
- Students who have had a truancy filing must provide a copy of a court order indicating that their truancy case was closed or dismissed.
- Students enrolled at Community Schools or who are attending a private school or a school outside of Columbus City Schools, should apply for work permits at their current school.
- If you have further questions, please call the Ohio Department of Commerce, Division of Labor and Worker Safety, (614) 644-2239.

Under House Bill 1002, minors 16- or 17-years of age, do not require a work permit during the summer vacation months if they are employed after the last day of the school term in the spring and before the first day of school term in the fall.

Many employers still require a “Courtesy Work Permit” form for summer employment, which certifies parental permission for summer employment. These forms are available from Division of the Registrar, 430 Cleveland Avenue, Columbus, OH 43215.

APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 ORC

STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

Male Female

Grade Level:

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.

X

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.

X

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

X

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:

 ft. in.

Weight:

 lbs.

Color of Hair:

Color of Eyes:

Distinguishing Characteristics, if any:

School District:

Building:

Parent or Guardian:

Parent or Guardian Telephone Number:

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: