

Rules regarding Child Labor Law and waivers can be found on the Florida Department of Business and Professional Regulation (DBPR) website at: https://www.myfloridalicense.com/CheckListDetail.asp?SID=&xactCode=1030&clientCode=7601&XACT_DEFN_ID=11037

If a child is seeking a Work Waiver and is enrolled in public school, then the school will issue a waiver approval that the child will submit to the employer. The state DBPR does not produce or process any paperwork for a public school enrollee. (Minors not enrolled in a public school should use the DBPR website listed above to obtain a waiver application.)

OCPS Process

- 1. Student submits request to school guidance counselor by completing the student information on this form.
- 2. School reviews and completes form with signature of counselor and principal, keeps a file copy and gives the form to student.

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3. The student takes the approval form to the employer.

Student Request Section (For student to complete)

- □ A notarized parent approval letter stating the reason for waiver request is to be submitted.
- □ Verification of Date of Birth (Birth Certificate, Driver's License, State Issued ID or Passport)
- Required student information is completed below.

Minor's Name:	Address:			
Minor's Birth Date (Mo/Day/Year)://		Street or P.O. Box		
Proof of age must be attached Minor's Age:	City	State ZIP		
Minor's Social Security #:	1	Other Phone:		
A partial waiver is requested that would allow:				
Work up to 18 hours a week (14-15 yr. olds)				
Generation Work during regular school hours (16-17 yr. olds)	Given Work past 11:00 p.	m. on days preceding school days		
Work up to hours without a break	Galactic Work in a hazardo	us occupation		
Other (Be specific):				
A waiver is requested because: (Documentation must be provided for any box checked)				
Court Order School Status	ancial Hardship	Medical Hardship		
Other (Be specific):				

School Review and Approval Section			
School Counselor will review student status and make approval decision. These considerations will include the following indicators:			
Graduation Requirement	ts on Track	2.0 GPA or Above	
School Recommendation:			
This waiver request is approved. This waiver request is not approved.			
Student Name:	_ School Name:	Phone:	
Counselor's Name (Print):	Signature:	Date:	
Principal's Name (Print):	Signature:	Date:	