Application for Work Release

Student Name:	
Address:	**City, Zip**
Home Phone:	**Cell Phone:**
Employment Site:	**Employment Phone:**
Employment Address:	**Employment City, Zip:**
Supervisor's Name: ***Cannot be an immediate family member***	**Supervisor's Phone:**
Student's PSHS Credits to Date: _____ **PSHS Graduation requires 24.5 credits.**	

Employer will:

- Provide a minimum of 15 hours of work per week, Monday through Friday
- Provide supervision by a qualified employee.
- Follow all Employment Laws.
- Notify the School Counseling Office of any unsatisfactory developments or termination of employment.
- Provide Workers Compensation Insurance.
- Pay the student a wage or salary comparable to other employees.

Student will:

- Report to work regularly on the days and hours mutually agreed upon with the employer.
- Observe all rules and regulations of the company.
- Notify the School Counselor of any changes in hours or upon release of position.
- Not work on days absent from school.
- Maintain passing grades to maintain a candidate for continued work release.
- Understand that failing a class will result in forfeiture of work release and returning to the building for in- person instruction.

The Parent/ Guardian will:

- Agree to the conditions of the student's participation
- Release the school of liability and financial responsibility upon release for work.
    - Transportation is the responsibility of the student/ family.

I fully understand the above conditions of the student's participation in the Work Release Program.

Parent/ Guardian Signature:	**Student Signature:**
Work Supervisor Signature:	**School Counselor:**
APPROVED NOT APPROVED	**Building Level Principal:**