



# STUDENT WORKER WORKSITE APPROVAL FORM FY 26

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Student Name:

Employer:

Main Employer Contact:

Worksite Location & Phone:

Job Title & Duties:

Start Date:

Student's Work Schedule or Number of Hours/Week:

## Schedule of Wages (Choose one)

Employer Paid at \$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours/week (approximate)

**NOTE: Student's working for paid employment must submit employment verification ( Pay Stub, W-4, Record of Tax ID Number, Direct Deposit Email)**

Work/Volunteer Experience:

All students placed on a job site will be evaluated at the end of each school grading period. Regular, periodic visits or contacts to the worksite will be made by the school representative monthly.

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Employer:

Date:

School Rep:

Date:

PECT Coordinator

Date: