

**Student Worker  
Worksite Approval Form  
FY 25**

Student's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Worksite Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_  
\_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Student's Work Schedule OR Number of Hours/week: \_\_\_\_\_

**Schedule of Wages: (Check One)**

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

\_\_\_\_\_ OJT (Negotiated amount not to exceed \$226.80 as outlined on OJT Information Sheet)

165.00-20 hours x 8.25 (100%)    41.20-10hrs. X 4.12 (50%)    20.60-10hrs. X 2.06 (25%)

\_\_\_\_\_ 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 work site will be made by the school representative at the rate of \_\_\_\_\_ visit(s) per week/month (Circle one).

\_\_\_\_\_  
Employer

Date

\_\_\_\_\_  
School Representative/Title

Date

\_\_\_\_\_  
Transition Specialist

Date