WORK PERMIT DATA SHEET

(For Collection of Information ONLY)

A Information on Minor (Please Print)			
NameLast	First	MI	
Street			
County	—— Parent / Guardian's Name ——	st First	MI
	Age Race		
SSN / Parent Alien Certification Number			
Is minor a GA student? If so, School of Attendance & Grade			
You must present a Birth Certificate to the Issuing Officer.			
	Employer Information		
B Employer Information (Please Print)			
For employer internet access go to www.dol.state.ga.us, select Child Labor, then select Online Work Permit			
Name of Employer			
Physical Address			
City State	e Zip Code	County	
Phone No.	Type of Industry		
Job Duties:			
# Enter maximum hours per school day.	. Hours will be scheduled between	: AM/PM	: AM/PM
		Earliest Start Time	
# Enter maximum hours per non-school	ol-day. Hours will be scheduled between	Earliest Start Time	: AM / PM Latest End Time
# Enter maximum hours per week whe	n school in session .	NOTE: Circle AM or PM.	
# Enter maximum hours per week when school not in session.			
# Each box requires a number			
	1		1
Printed Name and Title of Employer providing	ng information	Signature	Date

THIS IS NOT AN EMPLOYMENT CERTIFICATE.

This form is used for obtaining information for the issuance of electronic work permits. Minor completes Section A. Employer completes Section B **in its entirety.** Issuing Officer enters all data into online work permit system. After proper issuance of the electronic work permit by a school official, a printed copy of the completed work permit will be furnished to the minor for submittal to the employer prior to employment. The employer must retain the completed work permit for the duration of the minor's employment. If you have any questions, please contact the Department of Labor, Child Labor Section at 404-232-3260.

* All Fields Required

NOTE: When there is a difference in law (federal, state, and/or local) the law providing the most protection to the minor takes precedence.

Equal Opportunity Employer/Program * Auxiliary Aids & Services Are Available Upon Request To Individuals With Disabilities

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NFIDENTIAL (02/06)