

# STATE OF WEST VIRGINIA



WEST VIRGINIA DIVISION OF LABOR  
CAPITOL COMPLEX, BUILDING 6, ROOM 749-B, CHARLESTON, WEST VIRGINIA 25305  
304-558-7890

## WORK PERMIT FOR A 14 OR 15 YEAR OLD MINOR

Revised July 1, 2015

Authorized by W. Va. Code §§21-6-3, 21-6-4, and 21-6-5

### SECTION A

#### TO BE COMPLETED BY THE MINOR'S PROSPECTIVE EMPLOYER

Attach additional sheets if necessary

1. The undersigned intends to employ \_\_\_\_\_ to perform  
Name of Minor  
the following tasks or jobs and to use the following equipment: \_\_\_\_\_  
\_\_\_\_\_.

2. I will employ the minor beginning on \_\_\_\_\_ for a total of \_\_\_\_\_ hours  
Date  
per week, as follows:

- |                              |                                      |   |                             |                             |          |                             |                             |
|------------------------------|--------------------------------------|---|-----------------------------|-----------------------------|----------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Mon | <input type="checkbox"/> school week | <input type="checkbox"/> non-school week from _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm | to _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Tue | <input type="checkbox"/> school week | <input type="checkbox"/> non-school week from _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm | to _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Wed | <input type="checkbox"/> school week | <input type="checkbox"/> non-school week from _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm | to _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Thu | <input type="checkbox"/> school week | <input type="checkbox"/> non-school week from _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm | to _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Fri | <input type="checkbox"/> school week | <input type="checkbox"/> non-school week from _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm | to _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Sat | <input type="checkbox"/> school week | <input type="checkbox"/> non-school week from _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm | to _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Sun | <input type="checkbox"/> school week | <input type="checkbox"/> non-school week from _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm | to _____ | <input type="checkbox"/> am | <input type="checkbox"/> pm |

3. The minor will have at least a 30 minute meal break on the following days: \_\_\_\_\_  
\_\_\_\_\_.

4. \_\_\_\_\_  
Name, Address and Telephone Number of the Employer  
\_\_\_\_\_

5. \_\_\_\_\_  
Description of the Employer's Business

I understand and expressly agree that the minor will be legally employed according to the West Virginia Child Labor Act, W. Va. Code §21-6-1 through 21-6-11, and the terms and conditions above, or the terms and conditions as modified.

I also understand that I must keep this Work Permit on file as long as the minor is employed.

6. \_\_\_\_\_  
Printed Name and Signature, Title, Telephone Number, and Email Address of Employer's Authorized Representative

\_\_\_\_\_ Date

**SECTION B  
TO BE COMPLETED BY THE MINOR'S PARENT OR LEGAL GUARDIAN**

I, \_\_\_\_\_ am the  parent  legal guardian of  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_, born on \_\_\_\_\_ in \_\_\_\_\_,  
Full Name of Minor Birthdate Town or City of Birth

\_\_\_\_\_, and who is \_\_\_\_\_ years old. By my signature  
State of Birth

below, I consent to the employment of my child as described in Section A.

I have attached my child's  certified birth certificate  a certified copy of birth certificate.

\_\_\_\_\_  
Signature of Minor's Parent or Legal Guardian Date

\_\_\_\_\_  
Address and Daytime Telephone Number of Minor's Parent or Legal Guardian

**SECTION C  
TO BE COMPLETED BY THE PRINCIPAL OR REGISTRAR  
OF THE MINOR'S SCHOOL**

I, \_\_\_\_\_,  am the Principal  the Registrar  
Printed Name of Principal or Registrar

of \_\_\_\_\_ I certify that \_\_\_\_\_  
Name of Minor's School Name of Minor

is currently enrolled in or attending this school.

\_\_\_\_\_  
Signature of Principal or Registrar Date

\_\_\_\_\_  
Address, Telephone Number and Email Address of the Principal or Registrar

**SECTION D  
TO BE COMPLETED BY THE COUNTY SUPERINTENDENT OF SCHOOLS**

I, \_\_\_\_\_,  am the Superintendent of Schools  
Printed Name of Superintendent of Schools or Appointed Person

the individual appointed by the Superintendent of Schools for \_\_\_\_\_ County  
to review this Work Permit.

In deciding whether to issue, modify or reject this Work Permit, I certify that I have reviewed the  
following sections and required attachment and that they are complete:

Section A of this Work Permit, including the statement of the minor's prospective employer that he or she intends to legally employ the child according to the Child Labor Act and the written description of the tasks that the minor will perform;

Section B of this Work Permit, including the parent's or legal guardian's written consent;

The minor's certified birth certificate or certified copy of the birth certificate is attached; and

Section C of this Work Permit showing that the minor is enrolled in or attending school.

I further certify that \_\_\_\_\_ has personally appeared before  
Name of Minor Child

me on \_\_\_\_\_ .  
Date

By my signature below, I am  issuing  modifying  rejecting this Work Permit, effective  
\_\_\_\_\_. The modifications, if any, are as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent of Schools or Appointed Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address, Telephone Number, and Email Address of the Superintendent of Schools or Appointed Person

\_\_\_\_\_

**Original retained by the Superintendent of Schools or Appointed Person.**

**Copy of issued permit mailed to WV Division of Labor within 4 days of issuance as required by W. Va. Code § 21-6-4(b).**

**Copies mailed to the  Minor's Parent or Legal Guardian and the  Minor's Employer.**