**WORK PERMIT REQUEST**

|  |  |
| --- | --- |
| Date: |  |
| RE: *(minor’s name)* |  |

To whom it may concern:

The above referenced minor will be employed on a part-time basis by the University of Wisconsin – Green Bay. Following are the specifics of this employment.

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| --- | --- |
| Department: |  |
| Position: |  |
| Duties: |  |
| Work Schedule: |  |
| Dates of Employment: |  |
| Supervisor: |  |
| Contact Phone Number: |  |

If you have any questions regarding this employment, please contact the supervisor at the above number.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Supervisor Signature* |  | *Date* |
|  |  |  |
| *Parent/Guardian Consent* |  | *Date* |