

TRANSITION SERVICES

Student Support Services
1325 Corporate Blvd., Suite D, Reno, NV 89502

Phone: 775-327-3940 Fax: 775-857-3183

OFFICE USE ONLY	
Semester	
Credit(s)	
IEP	

WORK EXPERIENCE APPLICATION (F140)

☐ ORIGINAL ENROLLMENT OR					
☐ CHANGE OF EMPLOYMENT	□ VOLUNTEER/COMMUNITY SERVIC				
STUDENT NAME:	BIRTH DATE:	GRADE:			
SCHOOL:	CASE MANAGER:				
HOME ADDRESS:	CITY:	ZIP:			
Parent/Guardian - Please answer the following: 1) Is the student/family receiving Social Secu	rity Benefits that could be	e affected by working?			
Yes No 2) The above student has my permission to be PARENT/GUARDIAN SIGNATURE	. ,] <u>OR</u> Full Time □			
·	ent signature if 18 or older)	_			
My signature authorizes verify employmo	s the WCSD Transition Servent of the above student.				
EMPLOYER'S STATEMENT					
MY EMPLOYEE	WORKS AS A				
NAME OF COMPANY					
ADDRESS	CITY	ZIP			
SUPERVISOR AT WORK(Please Print)	TITLE_				
[AS AN EMPLOYER, I COMPLY WITH	H FEDERAL AND STATE CHILL	LABOR LAWS.]			
EMPLOYER SIGNATURE	Рном	IE #			
OFFICE Employment Verification:	: USE ONLY Date:				

WORK EXPERIENCE APPLICATION GENERAL WORK EXPERIENCE AGREEMENT

LEA (Prir	ncipal or Designee)				Date				
Case Ma	nager High Sc	chool		_	Date				
seme	ester for participation in the Work Experienc	ce Program.							
	work to receive credit(s) for the # of Credits	EFE Circle One	Fall	Spring	,	/ / Year			
	cordance with the IEP, (student name)								
	pages I (cover) and 3 (transition) attache	за со ан аррпса	cions.						
	P Team/Case Manager request the amount of pages 1 (cover) and 5 (transition) attached			n earn in	a specin	c semester.			
T !		T FOR CRED							
	Student Signature			Date					
*	I will give my Case Manager copies of my clindicating the number of hours worked.	heck stubs or a T	racking L	og sheet	from my	employer			
*	I understand that I must work at least 60 h	ours in the seme	ster to re	eceive any	y credit.				
*	I will notify the Transition Services office at 327-3940 if I am no longer working.								
*	I will give my employer two weeks notice if I must quit my job.								
*	I will give my employer sufficient notice if I must be absent or late.								
*	I will maintain good attendance, both in school and at the work site.								
*	I will demonstrate honesty, punctuality, courtesy, a cooperative attitude, proper dress and grooming habits, and a willingness to learn.								
	I am entering the WCSD-Work Experience with respect to occupational information, s	skills, attitudes, a	and work	ethics.					

SUBMIT WORK EXPERIENCE APPLICATION TO THE TRANSITION SERVICES DEPARTMENT.

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