



# TRANSITION SERVICES

Student 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)

|   |  |
|---|--|
| <input type="checkbox"/> ORIGINAL ENROLLMENT<br>OR<br><input type="checkbox"/> CHANGE OF EMPLOYMENT | <input type="checkbox"/> PAID EMPLOYMENT<br>OR<br><input type="checkbox"/> VOLUNTEER/COMMUNITY SERVICE |
|---|--|

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CASE MANAGER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

**Parent/Guardian** - Please answer the following (✓):

- 1) Is the student/family receiving Social Security Benefits that could be affected by working?  
Yes \_\_\_ No \_\_\_
- 2) The above student has my permission to be employed: Part Time  OR Full Time

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
(Student signature if 18 or older)

**My signature authorizes the WCSD Transition Services to verify employment of the above student.**

### **EMPLOYER'S STATEMENT**

DATE \_\_\_\_\_

MY EMPLOYEE \_\_\_\_\_ WORKS AS A \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SUPERVISOR AT WORK \_\_\_\_\_ TITLE \_\_\_\_\_  
(Please Print)

**[AS AN EMPLOYER, I COMPLY WITH FEDERAL AND STATE CHILD LABOR LAWS.]**

EMPLOYER SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

|                                |             |
|--------------------------------|-------------|
| OFFICE USE ONLY                |             |
| Employment Verification: _____ | Date: _____ |

## **WORK EXPERIENCE APPLICATION GENERAL WORK EXPERIENCE AGREEMENT**

- ❖ I am entering the WCSD-Work Experience program to learn as much as my employer may provide with respect to occupational information, skills, attitudes, and work ethics.
- ❖ I will demonstrate honesty, punctuality, courtesy, a cooperative attitude, proper dress and grooming habits, and a willingness to learn.
- ❖ I will maintain good attendance, both in school and at the work site.
- ❖ I will give my employer sufficient notice if I must be absent or late.
- ❖ I will give my employer two weeks notice if I must quit my job.
- ❖ I will notify the Transition Services office at **327-3940** if I am no longer working.
- ❖ **I understand that I must work between 60-180 hours as defined by my IEP for .5 credit for each semester OR volunteer between 60-180 hours for .5 (60 hours) -1.5 (180 hours) credits respectively. A minimum of 60 hours must be worked.**
- ❖ I will give my Case Manager copies of my check stubs or a Tracking Log sheet from my employer indicating the number of hours worked.

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

### **REQUEST FOR CREDIT**

The IEP Team/Case Manager request the amount of credit the student can earn in a specific semester.  **IEP (Cover) + (Transition Needs) + (business card) attached to all applications.**

In accordance with the IEP, (student name) \_\_\_\_\_

will work / volunteer between 60-180 hours this semester: Fall Spring /  
Circle One Circle One Year

for participation in the Work Experience Program.

\_\_\_\_\_ Case Manager

\_\_\_\_\_ High School

\_\_\_\_\_ Date

\_\_\_\_\_ LEA (Principal or Designee)

\_\_\_\_\_ Date

**PLEASE SUBMIT WORK EXPERIENCE APPLICATION TO TRANSITION SERVICES.**