



# Transition Services Work Training Agreement

Department of Special Education Services  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MCPS Form 336-83  
October 2016  
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## PURPOSE

The purpose of this form is to provide a written agreement among students, parents/guardians, worksite, company, business, training site and school staff when students leave school for work-related activities during the school day.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School Year \_\_\_\_

School \_\_\_\_\_ Work Site \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Site Location \_\_\_\_\_  Non-paid Activity  Paid Employment

Job Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Telephone \_\_\_\_-\_\_\_\_-\_\_\_\_

Mode of Transportation \_\_\_\_\_ Work Schedule \_\_\_\_\_

## REQUIREMENTS AND CONDITIONS

1. Minors (any student who is under the age of 18 years) must submit a completed work permit before beginning paid employment.
2. If the student is unable to attend school or report to work, the student or the parent/guardian must inform the transition support teacher and/or the worksite, company, business or training site supervisor, by a mutually agreed upon time.
3. The student will NOT work on the following days: (check all that apply)  
 scheduled school holidays  scheduled early release days  snow days  
 emergency early dismissal days  2-hour delayed openings  emergency situations
4. The student may not terminate employment/training or transfer to another work-site without consultation with the transition support teacher and/or the parent/guardian. The employer/supervisor maintains the right to dismiss the student at any time.
5. The school staff and worksite, company, business or training site supervisor will routinely monitor, and evaluate the student's performance on the work-site. This information will be shared with all responsible parties.
6. The worksite, company, business or training site is not obligated to hire the student at the completion of a non-paid training experience. Non-paid training is limited to 120 hours per job experience during any one school year.

## OTHER CONDITIONS UNDER WHICH THE STUDENT WILL WORK

Source: State of Maryland, Department of Licensing and Regulation, Division of Labor, Industry Employment Standards Act, and the Fair Labor Standards Act (FLSA). Where a federal or local law differs from the state law, the employer must comply with the law that provides the most protection or sets the higher standard.

**LEGAL HOURS OF EMPLOYMENT FOR MINORS 14 THROUGH 17 YEARS OF AGE**

**AGE 14-15**

No minor 14-15 years of age shall work before 7:00 a.m. or after 8:00 p.m. EXCEPT FROM MEMORIAL DAY THROUGH LABOR DAY WHEN THE EVENING HOURS SHALL BE 9:00 p.m.

**HOURS FOR WORK DURING SCHOOL WEEK**

- Not more than 4 hours per day during school days.
- Not more than 3 hours per day if subject to FLSA.
- Not more than 8 hours per day during non-school.
- Not more than 23 hours in any week when school is in session for 5 days.
- Not more than 18 hours per week if subject to FLSA.

**NON-SCHOOL WEEK**

- Not more than 8 hours per day.
- Not more than 40 hours per week.

**AGE 16-17**

Minors 16 and 17 years of age may not spend more than 12 hours in a combination of school hours and work hours per day.

They may have at least 8 consecutive hours of non-work, non-school time in each 24-hour period.

**The hours worked by a minor enrolled in a bona fide work-study or student-learner program when school is typically in session may not be counted towards the permissible hours of work prescribed above.**

**OTHER CONSIDERATIONS**

Medical:  None  Yes If yes, please describe

Dietary:  None  Yes If yes, please describe

**SIGNATURES**

This is to certify that we understand the requirements and conditions listed above, and failure to comply may jeopardize continued participation in the program.

Signature, Student/Eligible Student \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature, Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature, Transition Support Teacher \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature, Employer/Work-Site Supervisor \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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## JOB PLACEMENT NOTICE

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This letter is to inform you that \_\_\_\_\_ will be working

at \_\_\_\_\_ in the position of \_\_\_\_\_.

The student's schedule is: \_\_\_\_\_.

The name of the supervisor is \_\_\_\_\_.

If the student will be late or cannot report to work, please call the following:

The Transition Support Teacher \_\_\_\_\_ at \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Or, the special education department at \_\_\_\_ - \_\_\_\_ - \_\_\_\_

The start date for this job is \_\_\_\_/\_\_\_\_/\_\_\_\_.

The dress code for this position is \_\_\_\_\_.

**Please sign the attached work agreement and return it to the transition support teacher. The student will not start work until this form is signed and returned.**

Please call me at \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_, or e-mail me at \_\_\_\_\_  
if you have any questions or concerns.

Sincerely,

Transition Support Teacher