

Student Work Forms CHECKLIST

NEW STUDENT EMPLOYEES

All documents must be completed and signed by the student wanting to work for UCA before being considered for employment

Document 1: Form I-9 – Please complete section 1 on page 1. Documents except for identification can be found on page 2. These documents must be presented in person to Upper Columbia Academy prior to the student beginning employment.

Document 2: Form W-4 – Please note if you would like not to have taxes withheld during the school year, put "EXEMPT" in the space below Sept 4(c). If exempt is selected, a new W4 will be required every February.

Document 3: Payroll Agreement - This is an authorization for crediting student labor to the student's account and withholding tithe, if desired. Please have the student sign, as well as a Parent/Guardian if the student is under 18.

Document 4: Upper Columbia Conference Sick Leave Notification

Document 5: Parent School Authorization (PSA) - per Washington State Dept. of Labor a Parent/ Guardian must sign this authorization for a student under the age of 18 to work during the school year. Additionally, proof of your student age must be obtained for verification purposes (see acceptable documents below). If your student is over 18, you do not need to sign this document.

Notes for PSA:

- The Hours and Work Schedule section--p. 2 is for reference only. You don't need to enter anything on that page unless you need to make changes.
- o The Student (Employee) and Parent/Guardian must both sign this form.
- o If your student is going to work for HyMark, you will need to fill out a separate Parent School Authorization Form, Parent/School Authorization (F700-002-000) (wa.gov).
- o A separate summer authorization is needed for employment during the summer.

Age Verification Documents for the PSA (must provide one of the following):

- Birth certificate and Social Security card.
- Driver's license.
- Baptismal record.
- Notarized statement from the parent or legal guardian.

If you have questions on any of the above forms or the work program, please contact the UCA Business Office at business.office@ucaa.org or 509-245-3618.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047 Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Inforday of employment, but no	rmation ot before	and Attes accepting	tation: En	nplo er.	yees	must comp	lete ar	nd sign	Sectio	n 1 of Fo	orm I-9 r	no late	er than the first
Last Name (Family Name)		First	Name (Giver	n Nam	ne)		Middle	e Initial (i	f any)	Other Last	Names Us	sed (if a	any)
Address (Street Number and Nam	ne)		Apt. Nur	nber	(if any) City or Tow	'n				State		ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social Security Number				Emp	ployee	's Email Addres	ss				Employee	e's Tele	ephone Number
I am aware that federal law provides for imprisonment a fines for false statements, o use of false documents, in connection with the comple this form. I attest, under per of perjury, that this informatincluding my selection of the attesting to my citizenship of	1. A ci 2. A na 3. A la 4. A na If you check	tizen of the U oncitizen nat wful perman oncitizen (oth	Jnited ional ent re	of the esident an Iter	S United States ((Enter USCIS n Numbers 2.	See Inst or A-Nui and 3. a	ructions. mber.) bove) au) ithorized	to work un	til (exp. da	te, if ar		
immigration status, is true a correct.	and	030137	\-Number	OR	FOII	II 1-34 AUIIII551	ion Num	OR	S Loieié	yıı rasspo	it Numbe	i allu C	Country of Issuance
Signature of Employee								Today'	s Date (n	nm/dd/yyyy	/)		
If a preparer and/or translat	or assiste	ed you in con	npleting Sec	tion	1, that	person MUST	comple	ete the P	reparer	and/or Tra	nslator C	ertifica	ation on Page 3.
Section 2. Employer Revieusiness days after the employ authorized by the Secretary of documentation in the Additional	/ee's first DHS, do	day of emp cumentation	loyment, ar ı from List <i>A</i>	nd mi A OR	or thei ust ph a cor	r authorized r sysically exam nbination of c	represe nine, or docume	entative examin entation	must co ne consis from Lis	emplete ar stent with st B and L	nd sign S an alterr ist C. Er	ectior native nter an	n 2 within three procedure ny additional
		List A		OR		Li	st B		AN	ND O		List	t C
Document Title 1													
Issuing Authority													
Document Number (if any)													
Expiration Date (if any)													
Document Title 2 (if any)				Ac	dditio	nal Informat	ion						
Issuing Authority													
Document Number (if any)													
Expiration Date (if any)													
Document Title 3 (if any)													
Issuing Authority													
Document Number (if any)													
Expiration Date (if any)					Chec	k here if you us	sed an a	Iternative	e procedu	ure authoriz			amine documents.
Certification: I attest, under pena employee, (2) the above-listed do best of my knowledge, the emplo	ocumentat	tion appears	to be genui	ne an	d to re	elate to the em					First Da (mm/dd		mployment
Last Name, First Name and Title of	Employer	or Authorized	l Representa	tive	:	Signature of En	nployer	or Author	rized Rep	oresentative	Э	Today	y's Date (mm/dd/yyyy)
Employer's Business or Organization			Emp	loyer	's Busi	iness or Organi	ization A	ddress, (City or To	own, State,	ZIP Code		
Upper Columbia Confe	rence	dba UCA	30	25 \	N. S	pangle-Wa	averly	/ Rd, S	Spang	le, WA	99031		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity ANI	D Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		Driver's license or ID card issued by a State or outlying possession of the United States	A Social Security Account Number card, unless the card includes one of the following
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		provided it contains a photograph or information such as name, date of birth,	restrictions: (1) NOT VALID FOR EMPLOYMENT
Foreign passport that contains a temporary I-551 stamp or temporary		gender, height, eye color, and address 2. ID card issued by federal, state or local	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
I-551 printed notation on a machine- readable immigrant visa		government agencies or entities, provided it contains a photograph or information such as	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
4. Employment Authorization Document that contains a photograph (Form I-766)		name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the
5. For an individual temporarily authorized		3. School ID card with a photograph	Department of State (Forms DS-1350, FS-545, FS-240)
to work for a specific employer because of his or her status or parole:		4. Voter's registration card	3. Original or certified copy of birth certificate
a. Foreign passport; and		5. U.S. Military card or draft record	issued by a State, county, municipal authority, or territory of the United States
b. Form I-94 or Form I-94A that has the following:		6. Military dependent's ID card	bearing an official seal
(1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	Native American tribal document
passport; and		8. Native American tribal document	5. U.S. Citizen ID Card (Form I-197)
(2) An endorsement of the individual's status or parole as long as that period of		Driver's license issued by a Canadian government authority	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or		For persons under age 18 who are unable to present a document listed above:	7. Employment authorization document issued by the Department of Homeland Security
limitations identified on the form.			For examples, see Section 7 and Section 13 of the M-274 on
6. Passport from the Federated States of		10. School record or report card	uscis.gov/i-9-central.
Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or		11. Clinic, doctor, or hospital record	The Form I-766, Employment Authorization Document, is a List A, Item
Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12. Day-care or nursery school record	Number 4. document, not a List C document.
	<u> </u>	Acceptable Receipts	<u>I</u>
May be prese	ented	d in lieu of a document listed above for a to	emporary period.
		For receipt validity dates, see the M-274.	
Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
 Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. 			
Form I-94 with "RE" notation or refugee stamp issued to a refugee.			

^{*}Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

Form I-9 Edition 08/01/23 Page 2 of 4

$_{\text{Form}}$ W-4

Department of the Treasury

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

OMB No. 1545-0074

internal Revenue Se	rvice	Tour	withinoluli	ig is subject to review by t	ile ino.							
Step 1:	(a) First nam	e and middle initial		Last name		(b) S	Social security number					
Enter Personal Information	Address City or town, s	state, and ZIP code				name card	your name match the e on your social security? If not, to ensure you get t for your earnings, lot SSA at 800-772-1213					
	(c) Sing	or go to www.ssa.gov. Single or Married filing separately										
		ried filing jointly or Qualifyin		pouse								
	_		-		costs of keeping up a home for y	ourself a	and a qualifying individual.)					
are completing marital status, deductions, or	g this form a number of j credits. Ha	fter the beginning of th obs for you (and/or you	e year; exp ur spouse i y stub(s) fi	pect to work only part of if married filing jointly), de	curate withholding for the the year; or have change ependents, other income hen using the estimator.	s durir (not fr	ng the year in your om jobs),					
				se, skip to Step 5. See p imator at www.irs.gov/W	age 2 for more information/4App.	on on e	each step, who can					
Step 2: Multiple Job	-1				or (2) are married filing jo come earned from all of the							
or Spouse	Do o	nly one of the following	g.									
Works				W4App for the most accoloyment income, use this	urate withholding for this soption; or	step (and Steps 3-4). If					
	(b) L	Jse the Multiple Jobs W	/orksheet	on page 3 and enter the	result in Step 4(c) below;	or						
	(c) If	there are only two job	s total, you accurate	u may check this box. Do than (b) if pay at the lowe	o the same on Form W-4 er paying job is more than	for the						
be most accur	ate if you co	omplete Steps 3-4(b) or	n the Form	n W-4 for the highest pay		os. (Yo	our withholding will					
Step 3:	If you	ur total income will be s	\$200,000 c	or less (\$400,000 or less i	if married filing jointly):							
Claim	N	fultiply the number of c	ualifying c	children under age 17 by	\$2,000	_						
Dependent and Other	N	Multiply the number of o	other depe	ndents by \$500	\$	-						
Credits		the amounts above for the amount of any othe		•	endents. You may add to	3	\$					
Step 4 (optional):	е	xpect this year that wo	n't have w	rithholding, enter the amo	eld for other income you ount of other income here							
Other	1	nis may include interes	st, aiviaend	ds, and retirement income	e	4(8	a) \$					
Adjustment	(D) L				ne standard deduction and sheet on page 3 and ente	r	b) \$					
	(c) E	extra withholding. Ente	r any addi	tional tax you want withh	eld each pay period	4(0	\$					
						Į	EXEMPT					
Step 5:	Under penal	ties of perjury, I declare th	nat this certi	ificate, to the best of my kno	owledge and belief, is true, c	orrect,	and complete.					
Here												
	Employe	e's signature (This form	n is not va	ılid unless you sign it.)	Da	ate						
Employers	Employer's i	name and address			First date of	Emplo	yer identification					
Only		mbia Conference dba Up ngle-Waverly Rd A 99031	per Colum	ba Academy	employment	numbe	er (EIN)					

Form W-4 (2024)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

- 1. Expect to work only part of the year;
- 2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
- Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Page 2

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Upper Columbia Academy

Payroll Agreement

As a Student Worker of Upper Columbia Academy, I agree to the following policies:							
To abide by the work regulations and policies established by state and federal labor laws and Upper Columbia Academy, and I understand that noncompliance will result in my work termination and may be grounds for other school disciplinary procedures.							
I agree to remain with my assigned job until the work coordinator authorizes and reassigns me to a different position.							
As a Student Workers of Upper Columbia Academy,							
☐Yes ☐ No I voluntarily assign the wages I earn as a student worker of Upper Academy as a direct payment to my student account for the purpose of paying current and future tuition, fees and educational costs at Upper Columbia Academy.							
☐Yes ☐ No I voluntarily request and authorize Upper Columbia Academy to deduct from my wages earned a 10% tithe to the Upper Columbia Conference of Seventh-day Adventists.							
Student Name (Printed)							
Student Signature Date							

Date

Parent Signature (if Student is under 18)

Employee Paid Sick Leave Notification

Upper Columbia Conference of Seventh-day Adventists

As an Upper Columbia Conference non-exempt employee (except for seasonal employees at Camp MiVoden), you are entitled to accrue paid sick leave beginning January 1, 2018 or the beginning of your employment whichever comes later.

Accrual Rate:

This paid sick leave will accrue at 0.03855 hour per hour worked. Employees will have access to a short-time sick leave and extended sick leave.

Eligible Reasons for Paid Sick Leave:

You may use this accrued paid sick leave for the following reasons (as outlined at RCW 49.46.210(1)(b) and (c) and ORS 653.616):

- To care for yourself or a family member;
- When you or a family member is the victim of sexual assault, domestic violence, or stalking; and
- In the event our business or your child's school or place of care is closed by order of a public official for any health-related reason.

Accrual Year:

The Upper Columbia Conference accrual year is on a rolling calendar year.

Maximum Balance:

Accrued, unused paid short-term sick leave will accrue to a maximum balance of 76 hours. Accrued, unused paid short-term sick leave in excess of 76 hours will be transferred to the extended sick leave bank. Extended paid sick leave may be accrued up to a maximum of 1,000 hours.

Employees working less than 40 hours per week accrue paid sick leave or paid time off at a pro rata basis of accrual maximum.

Access to Paid Sick Leave:

You are entitled to use accrued paid sick leave beginning the start of your employment. Sick leave may only be used for scheduled time the employee would normally work. Accrued time will not be paid out upon termination of employment.

Retaliation against you by Upper Columbia Conference of Seventh-day Adventists for using paid sick leave for authorized purposes, or for the exercise of any rights under the Minimum Wage Act (RCW chapter 49.46 and ORS 653), is prohibited.

Print Employee's Name	Employee's Signature	Date



Employment Standards Program PO Box 44510

Olympia WA 98504-4510

Phone: 866-219-7321 360-902-5300 Fax:

Email: TeenSafetv@Lni.wa.gov www.Lni.wa.gov/TeenWorkers

Web:

Parent/School Authorization

For parents or legal guardians and school officials to indicate approval for a minor employee to work accordingly to the terms listed by the employer and within the limits of child labor regulations.

This is not a Minor Work Permit

Employers must have a Minor Work Permit endorsement on their Business License for each work location where minors are employed and renew it each

year. To apply, go to: http://bls.dor.wa.gov/minorworkpermit.aspx

Do not mail this form to L&I. This form must be kept on file by the employer at the minor's workplace and be available for department audit. A copy should also be maintained by the minor's school representative. Additionally, the employer must renew this parent/school authorization by September 30 of each year or when work schedule changes.

Employee Name	Date of Birth (mm/dd/yy	Date of Birth (mm/dd/yyyy) (Must be accompanied by proof)				
Address			Phone Nu	ımber		
City	State		Zip Code			
School's Name (if home schooled/not enrolled in school/onlin Upper Columbia Academy	e classes please note)	(509) 2	45-3600			
School's Address 3025 E. Spangle-Waverly Rd	^{City} Spangle	State WA	Zip Code 99031			
Are you employed at another job? Yes No	If "Yes", how many hou	rs do you w	ork per week	?		
Employer Information						
Employer Information Before allowing a minor to begin work, you must obta completed Parent/School Authorization. As the employed completed by you before collecting signatures.						
Before allowing a minor to begin work, you must obta completed Parent/School Authorization. As the employment of the completed by you before collecting signatures. Employer Business Name Upper Columbia Academy		sibility t				
Before allowing a minor to begin work, you must obta completed Parent/School Authorization. As the employment of the completed by you before collecting signatures. Employer Business Name Upper Columbia Academy Washington Unified Business Identifier (UBI) 600 - 038 - 890	oyer, it is your respon Phone Number	sibility t	o ensure t			
Before allowing a minor to begin work, you must obta completed Parent/School Authorization. As the employment of the completed by you before collecting signatures. Employer Business Name Upper Columbia Academy Washington Unified Business Identifier (UBI) 600 - 038 - 890 Location Address (Physical location where minor will be working) 3025 E. Spangle-Waverly Rd	Phone Number (509) 245-3600	sibility t	o ensure t			
Before allowing a minor to begin work, you must obta completed Parent/School Authorization. As the employment of the completed by you before collecting signatures. Employer Business Name Upper Columbia Academy Washington Unified Business Identifier (UBI) 600 - 038 - 890 Location Address (Physical location where minor will be working) 3025 E. Spangle-Waverly Rd Contact Name Erin Tungesvik	Phone Number (509) 245-3600 Expiration Date of Min	sibility t	ermit State	zip Code		
Before allowing a minor to begin work, you must obta completed Parent/School Authorization. As the employment of the completed by you before collecting signatures. Employer Business Name Upper Columbia Academy Washington Unified Business Identifier (UBI) 600 - 038 - 890 Location Address (Physical location where minor will be working) 3025 E. Spangle-Waverly Rd Contact Name Erin Tungesvik Wage per Hour \$	Phone Number (509) 245-3600 Expiration Date of Min	sibility t	ermit State	zip Code		
Before allowing a minor to begin work, you must obta completed Parent/School Authorization. As the employment of the completed by you before collecting signatures. Employer Business Name Upper Columbia Academy Washington Unified Business Identifier (UBI) 600 - 038 - 890 Location Address (Physical location where minor will be working) 3025 E. Spangle-Waverly Rd Contact Name Erin Tungesvik	Phone Number (509) 245-3600 Expiration Date of Min Spangle	nor Work Pe	ermit State WA	Zip Code 99031		

Employers: Please read before filling out the anticipated hours and work schedule on the following page. Per WAC 296-125-027 — Minors *cannot* work during the hours that school is in session. Employers should refer to the minor's neighborhood school's website for the hours of school to determine what hours the minor is eligible to work. This rule also applies to homeschooled students. No students should work during the hours that their neighborhood school is in session unless the employer has been granted a variance from the Department of Labor & Industries.

Hours and Work Schedule — Parents & schools may adjust hours and schedule as needed.

Minors cannot work during the hours that school is in session. Employers should refer to the school's website to determine what these hours are.

Hours and Schedules Minors are Permitted to Work in Non-Agricultural Jobs

Age Group	School Week	Hours/Day	Hours/Week	Days/Week	Begin	Quit
14 — 15	School Week	3 hours (8 hrs Sat-Sun)	16 hours	6 days	7 a.m.	7 p.m.
Years Old Non-School Week		8 hours	40 hours	6 days	7 a.m.	7 p.m. (9 p.m. June 1 to Labor Day)
40 47	School Week	4 hours (8 hrs Fri – Sun)	20 hours	6 days	7 a.m.	10 p.m. (Midnight Fri – Sat)
16 — 17 Years Old	School Week with a special variance	6 hours (8 hrs Fri – Sun)	28 hours	6 days	7 a.m.	10 p.m. (Midnight Fri – Sat)
Years Old	Non-School Week	8 hours	48 hours	6 days	5 a.m.	Midnight

- An adult must supervise minors working after 8 p.m. in service occupations such as restaurants and retail businesses.
- · Overtime rules apply for all hours worked over 40 in one week.
- Special Variance does not apply to home-schooled students.

Hours and Schedules Minors are Permitted to Work in Agricultural Jobs

Age Group	School Week	Hours/Day	Hours/Week	Days/Week	Begin	Quit
12 — 13 Years Old	Non-School Week	8 hours	40 hours	6 days	5 a.m.	9 p.m.
14 — 15 Years Old	School Week	3 hours (8 hrs. non-school days)	21 hours	6 days*	7 a.m. (6 a.m. in animal agriculture & irrigation)	8 p.m.
Non-School Week	8 hours	40 hours	6 days*	5 a.m.	9 p.m.	
16 — 17	School Week	4 hours (8 hrs non-school days)	28 hours	6 days*	5 a.m.	10 p.m. (No later than 9 p.m. on more than 2 consecutive nights before a school day)
Years Old	Non-School Week	10 hours	50 hours (60 hours per week in mechanical harvest of peas, wheat, and hay)	6 days*	5 a.m.	10 p.m.

^{• 12 – 13} year-olds may work only during non-school weeks hand-harvesting berries, bulbs, cucumbers, and spinach.

^{*}Exception — 14 – 17 year-olds are allowed to work 7 days a week in dairy, livestock, hay harvest, and irrigation during school and non-school weeks.

	Days	Hours per Day		Hours per Week			Time M. or P.M.	Quitting Time Circle A.M. or P.M		
	Days	Employer	Parent/ School Adj.	Employer	Parent/ School Adj.	Employer	Parent/ School Adj.	Employer	Parent/ School Adj.	
School	Mon — Thurs	3/4		16/20		5am/7am _{A.M. / P.M.}	A.M. / P.M.	7р/12р А.М. / Р.М.	A.M. / P.M.	
Weeks	Fri — Sun	3/8				5am/7am A.M. / P.M.	A.M. / P.M.	7р/12р А.М. / Р.М.	A.M. / P.M.	
Non- School Weeks	Sun — Sat Parents adjust only	8		40		5am/7am A.M. / P.M.	A.M. / P.M.	7p/12p A.M. / P.M.	A.M. / P.M.	

Required Signatures

Employee's Signature	9		
Print Name	Employee's Signature		Date
Employer's Signature	}		
Print Name	Employer Representative Signature	Title	Date
daily and weekly work s The school or parent ma	ol representatives should not sign thi chedules are completely filled out to ray limit the hours of work for a minor as, e.g., homework, attendance, etc., ar sted by the employer.	eflect the anticipated naccording to how the m	naximum hours of work. inor will be affected by
Parental Authorization	n		
consent to allow the m	inor listed to be employed at the occu	pation and under the c	onditions stated above.
Print Name	Parent or Guardian Signature	Phone Number	Date
Comments by Parental Authori	ty		
The stated hours of emproved. Print Name	oloyment meet the requirements of sc		ations and are hereby
Phone Number	Date		
Comments by School Represe	nauve		
Opt	ional School Week Special	Variance Authori	zation
A Special Variance allow week with approval of the [Pursuant to WAC 296-12 School officials should	not sign for any additional hours allow	28 hours per week with 6 . All parties must agree to	-hour shifts during the school these additional hours.
Please note: The Speci	cates the additional work hours will be al Variance is only for minors enrolled		
Are you planning to us Yes No If	ents. se the Special Variance for additional sch checked "Yes", both signatures below are	ool-week work hours?	
Parental Authorization	Sch	ool Authorization	