



### Work-Based Learning Placement Waiver

#### AGENCY

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Waiver #: \_\_\_\_\_

Subsidized Employment:  TechSF Youth Internship:  Young Adult Portfolio Internship:

#### EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer City: \_\_\_\_\_ Employer State: \_\_\_\_\_ Employer Zip: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_ Employer Contact Phone: \_\_\_\_\_

Primary Employer Contact Email: \_\_\_\_\_

#### EMPLOYMENT INFORMATION

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

Hours/Week: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Job Start Date: \_\_\_\_\_

Job Duties: \_\_\_\_\_ Position Length (Weeks): \_\_\_\_\_

\*Subsidized Employment/TechSF Youth Internship must last a min. of 12 weeks and Young Adult Services Internship must last a min. of 8 weeks

#### VERIFICATION

##### Provider Program Staff:

\_\_\_\_\_  
Name (print) Signature Date

##### OEWD Program Specialist:

\*Work-Based Learning Waiver approved by OEWD Program Specialist: Yes  No  - If No, state reason: \_\_\_\_\_

\_\_\_\_\_  
Name (print) Signature Date

