



City and County of San Francisco: **Office of Mayor London N. Breed** Economic and Workforce Development: **Kate Sofis, Director**

1 Dr. Carlton B. Goodlett Place, Room 448, San Francisco, CA 94102

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	N
Job Title:		
Hours/Week:	Hourly Wage:	Job Start Date:
Job Duties:		Position Length (Weeks):
*Subsidized Employment/TechSF Youth Ir	iternship must last a min. of 12 weeks and Young	Adult Services Internship must last a min. of 8 weeks
	VERIFICATION	
	VERIFICATION	
Provider Program Staff:		
Name (print)	Signature	Date
OEWD Program Specialist:		
*Work-Based Learning Waiver approved b	py OEWD Program Specialist: Yes O No O- If	No, state reason:
Name (print)	 Signature	 Date
itaine (pinie)	Signature	Date

