



Linking Employment, Abilities and Potential

Dear Youth and Parent/Guardian,

First and Last name is scheduled to begin the LEAP Youth Transition Summer Work Experience. The following are some specifics that you should know about the job.

**Work Site:** Cleveland VA Medical Center at Wade Park

**Department:**

**Address:** 10701 East Boulevard  
Cleveland, OH 44106

**First Day:**

**Work Schedule:** days, from start time to end time

**Duties:**

**Appropriate Dress:**

**Lunch:**

**Transportation:**

**Bus Tickets:**

**Pay:** The student will be paid \_\_\_\_\_ per hour, and can work up to \_\_\_\_\_ hours per week. Paychecks will be issued by LEAP twice a month, on the 15th day and the last day of the month. The first paycheck for this summer will be issued on \_\_\_\_\_. The students will receive their checks at the VA on pay day or the next day that they work after pay day.

**Reporting Absences:** Please contact a staff member before 8:00 am on that day or as soon as possible. If we do not answer, leave a voice message including the student's name and reason for absence.

**Mobile Phone Numbers:**



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\* \* \*

I understand and agree with the terms of participating in the LEAP Youth Transition Summer Work Experience.

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date

The minor named above may work with my approval.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

LEAP has employed the above named minor who is under 18 years of age and agree that minor shall be paid at the rate of \$ per hour.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date