



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