

**EMPLOYEE INFORMATION**

Name of minor employee: \_\_\_\_\_  
First Middle Last

UFID: \_\_\_\_\_

Position Title: \_\_\_\_\_

**DEPARTMENT INFORMATION**

Department Name: \_\_\_\_\_

Department Contact: \_\_\_\_\_  
Name Telephone number

**CERTIFICATION**

I certify that I have reviewed the assigned job duties and work hours for the employee listed above, and he or she is in compliance with the provisions and restrictions listed in the following US Department of Labor and Florida Child Labor Law websites. I also will ensure ongoing compliance with these provisions and restrictions as it pertains to this employee.

- [Department of Labor Age Requirements](#)
- [Florida's Child Labor Law](#)

**APPROVALS**

Hiring Authority Approval: \_\_\_\_\_  
Signature Name typed Date

Dean of Director Approval: \_\_\_\_\_  
Signature Name typed Date

**QUESTIONS?**

Human Resource Services  
Recruitment and Staffing  
Telephone (352) 392-4621  
PO Box 115002  
University of Florida  
Gainesville, FL 32611-5002