

## ***NYS WORKING PAPERS (CERTIFICATES) INSTRUCTIONS***

1. Pick up an application and \*Physical Fitness Certification in the Guidance Office.
2. Have parent/guardian fill out and sign Part I.
3. It is the student's responsibility to return to the Guidance Office:
  - a. Completed application with parent/guardian signature; and
  - b. Proof of physical within the past year & Physical Fitness Certification; and
  - c. Evidence of age – birth certificate, baptismal certificate, state issued photo, ID driver's license or schooling record; and
  - d. **Student must be present to sign card in front of the issuing officer.**

\* The school nurse will sign the Physical Fitness Certification form *provided* you have an updated (*within one year of your last physical*) physical on file with the health office. If one is not on file, *your family physician's office will fill out the form.*

All minors under age 18 must have employment certificates. A blue certificate is issued to students aged 14-15; a green certificate is issued to students aged 16-17. A full-time employment certificate is issued to minors aged 16-17 who do not attend school or who are leaving school for full-time employment.



## GENERAL INFORMATION

An employment Certificate (Student Nonfactory, Student General, or Full Time) may be used for an unlimited number of successive job placements in lawful employment permitted by the particular type of certificate.

A Nonfactory Employment Certificate is valid for 2 years from the date of issuance or until the student turns 16 years old, with the exception of a Limited Employment Certificate. A Limited Employment Certificate is valid for a maximum of 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes job. It may be accepted only by the employer indicated on the certificate.

**A new Certificate of Physical Fitness is required when applying for a different type of employment certificate, if more than 12 months have elapsed since the previous physical for employment.**

An employer shall retain the certificate on file for the duration of the minor's employment. Upon termination of employment, or expiration of the employment certificate's period of validity, the certificate shall be returned to the minor. A certificate may be revoked by school district authorities for cause.

A minor employed as a Newspaper Carrier, Street Trades Worker, Farmworker, or Child Model, must obtain the Special Occupational Permit required.

A minor 14 years of age and over may be employed as a caddy, babysitter, or in casual employment consisting of yard work and household chores when not required to attend school. Employment certification for such employment is not mandatory.

An employer of a minor in an occupation which does not require employment certification should request a Certificate of Age.

## PROHIBITED EMPLOYMENT

Minors 14 and 15 years may not be employed in, or in connection with a factory (except in delivery and clerical employment in an enclosed office thereof), or in certain hazardous occupations such as: construction work; helper on a motor vehicle; operation of washing, grinding, cutting, slicing, pressing or mixing machinery in any establishment; painting or exterior cleaning in connection with the maintenance of a building or structure; and others listed in Section 133 of the New York State Labor Law.

Minors 16 and 17 years of age may not be employed in certain hazardous occupations such as: construction worker; helper on a motor vehicle, the operation of various kinds of power-driven machinery; and others listed in Section 133 of the New York State Labor Law.

## HOURS OF EMPLOYMENT

Minors may not be employed during the hours they are required to attend school.

Minors 14 and 15 years of age may not be employed in any occupation (except farmwork and delivering, or selling and delivering newspapers):

**When school is in session:**

- more than 3 hours on any school day, more than 8 hours on a nonschool day, more than 6 days in any week, for a maximum of 18 hours per week, or a maximum of 23 hours per week if enrolled in a supervised work study program approved by the Commissioner.
- after 7 p.m. or before 7 a.m.

**When school is not in session:**

- more than 8 hours on any day, 6 days in any week, for a maximum of 40 hours per week.
- after 9 p.m. or before 7 a.m.

This certificate is not valid for work associated with newspaper carrier, agriculture or modeling.

Minors 16 and 17 years of age may not be employed: --

**When school is in session:**

- more than 4 hours on days preceding school days; more than 8 hours on days not preceding school days (Friday, Saturday, Sunday and holidays), 6 days in any week, for a maximum of 28 hours per week.
- between 10 p.m. and 12 midnight on days followed by a school day without written consent of parent or guardian and a certificate of satisfactory academic standing from the minor's school (to be validated at the end of each marking period).
- between 10 p.m. and 12 midnight on days not followed by a school day without written consent of parent or guardian.

**When school is not in session:**

- more than 8 hours on any day, 6 days in any week, for a maximum of 48 hours per week.

## EDUCATION LAW, SECTION 3233

"Any person who knowingly makes a false statement in or in relation to any application made for an employment certificate or permit as to any matter by this chapter to appear in any affidavit, record, transcript, certificate or permit therein provided for, is guilty of a misdemeanor."

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
Albany, New York 12234

**PHYSICAL FITNESS CERTIFICATION**

(Name of Applicant)

(Address)

(Date of Birth)

Male

Female

**INSTRUCTIONS TO PHYSICIAN:**

**Complete Part A unless certificate is limited --in which case complete Part B**

**A.** I hereby certify that I have examined the above-named applicant and find he/she is physically qualified for lawful employment.

(Date of Physical)

(Signature of Physician)

(Address of Physician)

**B.** I hereby certify that I have examined the above-named applicant and find he/she has a disability that requires limited employment.

(1) Disability ---

(2) Occupation ---

(3) Employer ---

(Date)

(Signature of Physician)

(Address of Physician)

**If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.**