MILWAUKEE PUBLIC SCHOOLS

SCHEDULE H1-A
Student Employment Commitment

Project/Contractor Information

CONTRACTOR COMPANY NAME _____ MPS SITE _____ MPS PROJECT _____

Name of Employment Liaison Contact

CONTACT PERSON _____ PHONE _____ FAX _____ E-MAIL _____

Number of required hours: _____

Options

Place an "X" below to indicate how you plan to fulfill your student employment requirement.

____ AFTER SCHOOL ____ SUMMER ____ OTHER _____

Employment Plan – Use additional pages if necessary. Plan must meet hours required.

From _____ to _____

List month							
Number of employment hours							

Provide a detailed description of your employment plan for this project.

_____

_____

_____

_____

_____

I hereby declare and affirm that I, _____ NAME _____ TITLE

am a duly authorized representative of _____ COMPANY NAME

located in _____ STATE _____ COUNTY _____ CITY

and that I have personally reviewed the material and facts describing our proposal regarding student employment. I agree to provide an employment partnership experience for the MPS student. If a contractor is non-compliant, MPS may impose one or more identified sanctions, and require proof of corrective action by the contractor.

SIGNATURE OF AUTHORIZED COMPANY OFFICER _____ TITLE _____ DATE _____

SIGNATURE OF CCS REPRESENTATIVE _____ TITLE _____ DATE _____