

Request to Actively Seek Employment

Parent/Guardian Name: _____

I want to actively seek employment on the following days and times. I understand that I am limited to 60 consecutive working days with no more than 5 days per week for less than 30 hours per week.

Start date _____

Mon _____ am to _____ pm
Tues _____ am to _____ pm
Wed _____ am to _____ pm
Thurs _____ am to _____ pm
Fri _____ am to _____ pm

Statement of plan to gain employment: _____

It is my responsibility to submit completed Actively Seeking Employment forms to the Alternative Payment Program each week. Once I gain employment, I will submit an Employment Verification within 5 calendar days. Failure to comply may result in the termination of my services.

I swear under penalty of perjury, to the best of my knowledge, that the above information is correct.

Parent/Guardian Signature _____ Date _____