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GSYEP PERMISSION TO LEAVE WORK SITE

2024 Governor's Summer Youth Employment Program (GSYEP) participants must adhere to the following rules:

- Participants must communicate with their immediate supervisor telling them where they will be going and when they will return. Additionally, they must sign out/in with their supervisor upon leaving/returning to their assigned areas.
- Any resulting tardiness and absences will be treated following the GSYEP policy.
- If a participant is late returning from lunch more than once a week, it will result in the loss of time for that week and or pay period.

Parents of GSYEP participant(s) must submit the form below if their child is to leave their assigned work site each time/event.

Parent/Guardian Name (First and Last): _____

Parent/Guardian Email Address: _____

Parent/Guardian Telephone Contact Number (Primary): _____

Parent/Guardian Telephone Contact Number (Secondary): _____

Full Name of GSYEP Participant to whom you are giving permission: _____

GSYEP Participant's Mobile Number: _____

Please detail under what circumstances your child is permitted to leave their work site during the workday: *(Parent/Guardian initial next to all that apply)*

- Sickness ____
- Going to a medical/dental appointment ____
- Going home or to a restaurant during lunch hour ____
- Going home to retrieve items necessary for the workday-clothes, projects, etc. ____
- Leaving the office for program approved event ____
- Other: _____

My child has permission to:

(Parent/Guardian initial next to all that apply)

- Drive themselves ____
- Drive other GSYEP participants (provided permission is obtained) ____
- Ride with other GSYEP participant (provided permission is obtained) ____
- Ride with an Agency Personnel in an Official Vehicle ____

For a better tomorrow!

PERMISSION TO TRAVEL AND PARTICIPATE, YET HOLD HARMLESS:

I, the Parent/Guardian of _____, hereby give permission for my son/daughter to participate in GSYEP initiatives, including field trips and enrichment activities. I understand that my child may be expected to travel unaccompanied to and from the Department of Youth Affairs from various scheduled field trips and/or other enrichment activities.

I agree not to hold my son/daughter's assigned government agency, any of its employees, the Government of Guam, or any of its employees responsible for any expenses or injuries that my child may incur while engaged in this activity. I understand that my child is responsible for their behavior at all times.

I agree that in the event of an injury, the Department of Youth Affairs personnel in charge of this activity may act on my behalf in obtaining medical treatment for my child. Indicated below are permanent or temporary condition(s) that should be known about my child:

Participant Allergies (*Write None, if applicable*):

My child has read the rules regarding leaving the office and promises to abide by them.

Parent/Guardian Signature: _____ Date: _____

GSYEP Participant Signature: _____ Date: _____

GSYEP Immediate Supervisor: _____ Date: _____

Cc: File