Minor Registration Form
(Individual)

Department Name: ________________________________________________________

Department Contact Name: ___________________________ Title: ____________________

MIT Telephone No.: ____________________________ Email Address: __________________

Dates of Work/Internship: __________________________________________________________

Name of Minor: _____________________________________________

Age of Minor: _______________________________________________

Will Minor Stay Overnight?   Yes _____    No   _____

Job Description/Summary of Duties/Job Tasks and Responsibilities:

Safety Training Required (Please be specific):

Supervision Received/Provided by: (Please print)

Primary Supervisor: __________________________________
Name __________________________   __________________________    ________
Title Phone

Alternate Supervisor: __________________________
Name        Title          Phone

Please note that your responsibility as a supervisor requires that you and/or your alternate provide
close/direct supervision to the minor employed/intern/visitor. See Guidelines for Minors Working,
Interning or Visiting in MIT’s DLCs at: http://hrweb.mit.edu/employee-labor-relations/guidelines-minors.

Please sign below to confirm that you understand your responsibilities as a supervisor.

____________________________________  ________  ______________________ ______
Primary Supervisor     Signature     Date      Alternate Supervisor Signature   Date

A copy of this form must be sent to: Human Resources Officer
EHS Coordinator