



State of New Hampshire

Department of Labor

Phone:
603.271.0127

Email:
Inspectiondiv@dol.nh.gov

Approval Form for Sub-Minimum Wage or No Wage Rate for Work-Based Activities under RSA 279:22-aa

School/Institution/Organization _____ Secondary _____ Post-secondary _____ Other _____

Address: _____
Street _____ Town/City _____ State _____ Zip Code _____

If disabled learner check one: VR AA CMHC Provider Agency

No Wage Rate Sub-Minimum Wage Rate Requested, amount \$ _____

Program Name: _____

Contact Person: _____ Title: _____ Tel: _____

Email: _____

Type of Placement (check only one):

- Job Shadow
 Clinical
 Work Experience
 Internship
 Service Learning
 Mentor Program
 Situational Assessment
 Training Program
 Other _____

Career Interest & Objective (or attach a course description or syllabus):

Is academic credit given for this program? Yes _____ No _____
Hours per day: _____ Days per week: _____ Total number of days at business site: _____

Supervision: Please describe how the student/learner(s) will be supervised and by whom _____

1. Does each place of business have a safety program? Yes _____ No _____ Explain _____
 2. Is there **any** hazardous equipment involved? Yes _____ No _____ Type _____
 3. Has all Safety Training been completed (as applicable to each site)? Including specific training for equipment as noted above
 Yes _____ No _____ Explain _____

The information above as provided is accurate and we guarantee that this placement in no way establishes an employee/employer relationship between the student(s) and the business site at which they are placed.

Attach Pre-Screening Forms for each business participating in this placement. Notify the DOL of any additions to this list, via additional Pre-Screening Forms. Also attach a sample copy of Agreement or Contract for this placement.

Print Name _____ Authorized Signature _____

Title _____

For DOL use only

Approved _____ Rejected _____ DOL Authorized Signature _____ Date _____

Reason for Rejection:

- Please provide a more detailed Career Interest & Objective, or attach a course description or syllabus
 Other _____