



# 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