



State of New Hampshire

Department of Labor

Phone:
603.271.0127

Email:
Inspectiondiv@dol.nh.gov

EMPLOYEE(S) REQUEST FOR WAIVER TO A "DAY OF REST"

I / we the undersigned, hereby request that the NH Department of Labor allow me/us to waive my/our right to a "day of rest" as required by RSA 275:32 and RSA 275:33. We understand that should we work on a Sunday, we are entitled to a day of rest within the next six consecutive days. We have not been forced or coerced by our employer or any representative of the employer to submit this request. It is completely voluntary on my/our part. We understand that we are free to revoke this request and be granted the required days off at any time.

We are employed at the following business:

Employer Name _____

Street Address _____

City/ Town _____, NH

Employee's name

Employee's Signature

Print

Signature

Print

Signature

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Signature

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Signature

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Signature

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Signature

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