



State of New Hampshire

Department of Labor

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VOLUNTARY WAIVER RSA 275:67

RSA 275:67 Prohibited Overtime.

- I. A registered nurse, licensed practical nurse, or a licensed nursing assistant licensed under RSA 326-B shall not be disciplined, or lose any right, benefit, or privilege for refusing to work more than 12 consecutive hours, except as provided in paragraph II. A nurse may be disciplined for refusing mandatory overtime in a case when overtime is required under paragraph II. Any nurse who is mandated to work more than 12 consecutive hours, as permitted by this subdivision, shall be allowed at least 8 consecutive hours of off-duty time immediately following the worked overtime.
- II. The prohibition against mandatory overtime shall not apply to:
 - (a) A nurse participating in surgery, until the surgery is completed;
 - (b) A nurse working in a critical care unit, until another employee beginning a scheduled work shift relieves him or her;
 - (c) A nurse working in a home health care setting, until another qualified nurse or customary caregiver relieves him or her;
 - (d) A public health emergency; or
 - (e) A nurse covered by a collective bargaining agreement containing provisions addressing the issue of mandatory overtime.

RSA 275:68 Special Agreement. Employers shall be exempted from the provisions of RSA 275:67 by written agreement between the employer and employee, made **without coercion or pressure**, provided the agreement is submitted to the commissioner of the department of labor. **THE AGREEMENT MAY BE TERMINATED BY THE EMPLOYEE BY WRITTEN NOTICE TO THE EMPLOYER AND THE COMMISSIONER OF THE DEPARTMENT OF LABOR. SAID TERMINATION SHALL BE EFFECTIVE 14 DAYS AFTER NOTICE IS PROVIDED.**

Employer's Business Name: _____

Address: Street: _____ City: _____ Zip: _____

The following employees are requesting an exemption to work more than 12 consecutive hours

_____ Employee's Signature	_____ date	_____ Employee's Signature	_____ date
_____ Employee's Signature	_____ date	_____ Employee's Signature	_____ date
_____ Employee's Signature	_____ date	_____ Employee's Signature	_____ date
_____ Employee's Signature	_____ date	_____ Employee's Signature	_____ date
_____ Employee's Signature	_____ date	_____ Employee's Signature	_____ date

The following employees are requesting an exemption to the 8 consecutive hour of off duty time immediately following the worked overtime.

_____ Employee's Signature	_____ date	_____ Employee's Signature	_____ date
_____ Employee's Signature	_____ date	_____ Employee's Signature	_____ date
_____ Employee's Signature	_____ date	_____ Employee's Signature	_____ date
_____ Employee's Signature	_____ date	_____ Employee's Signature	_____ date
_____ Employee's Signature	_____ date	_____ Employee's Signature	_____ date