



# 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 \_\_\_\_\_