

STATE OF NEW HAMPSHIRE DEPARTMENT OF LABOR

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Approval Form for Sub-Minimum Wage or No Wage Rate for Work-Based Activities under RSA 279:22-aa Please type or print all information

School/institution/Organization			Second	ary Post-secondary	Other
Address					
Street		Town/City		State	Zip Code
	one:				
☐ No Wage Rate ☐ Sub-Mi	nimum Wage Rate Requested, am	ount \$			
Program Name:					
Contact Person	Title	T	`el	FAX	
E-Mail					
Type of Placement (check only of Dob Shadow Cli Mentor Program Sit		k Experience ning Program	☐Internship ☐Other	☐Service Learning	
Career Interest & Objective (or	attach a course description of	or syllabus):			
Is academic credit given for this pro Hours per day Days per Supervision: Please describe how th 1. Does each place of business hav 2. Is there any hazardous equipmen 3. Has all Safety Training been co Yes No Explain	r week Total numbe he student/learner(s) will be sup re a safety program? Yes nt involved? Yes No ompleted (as applicable to eac	No Explaction Display	ainuding specific tra	uining for equipment as	
The information above as provided relationship between the student(s) at Attach Pre-Screening Forms	d is accurate and we guarantend the business site at which the	tee that this payer are placed.	Notify the DOL of	way establishes an emplo	
	ttach a sample copy of Agreement			J	
Print Name	Autho	orized Signature	<u>}</u>		
Title					
For DOL use only ☐Approved ☐Rejected DOL A	Authorized Signature			Date	
Reason for Rejection: Please provide a more detailed Care	er Interest & Objective, or attach	a course descrip	otion or syllabus		
Other					