STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
PO BOX 2076
CONCORD, NH 03302-2076

APPLICATION FOR EMPLOYMENT OF DISABLED PERSON

Under the provisions of RSA 279:22, A requirement for application for special authorization to establish a sub-minimum wage rate for employees who are impaired by physical or mental disabilities was created by the Legislature. A procedure for application and for approval by the Commissioner is established by Rule Lab 804.

New Application or Renewal Application (Circle one)

Employer:_____Telephone #_____

Address:_____
No. Street City or Town

Employee:_____Telephone #_____

Address:_____
No. Street City or Town

Description of the mental or physical disability (attach medical record showing the disability)_____
_____.
_____.

Type of work_____

Requested sub-minimum rate per hour_____
Date employment is to begin_____20_____
Date authorization is to expire_____20_____

_____.
Signature of Applicant

_____.
Position of Applicant Tel. #

_____ 20_____
Date Applicant submitted

_____
Signature of Employee