

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
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Employee: _____ Telephone # _____

Address: _____
 No. Street City or Town

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

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Type of work

Requested sub-minimum rate per hour_____

Date employment is to begin	20
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Date authorization is to expire 20

Signature of Applicant

Position of Applicant	Tel. #
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_____ 20_____
Date Applicant submitted

Signature of Employee