

Application for Waiver of Minimum Wage for Employees with Disabilities M.G.L. c. 151, §9 and 454 CMR 27.06(2)

Pursuant to M.G.L. c. 151, §9 and 454 C.M.R. 27.06(2), the Department of Labor Standards (DLS) may issue to any employer of:

- 1) an employee whose earning capacity is impaired by age or physical or mental deficiency or injury, or
- 2) an employee who is certified by the secretary of health and human services or his designee as a handicapped person

a certificate (waiver) authorizing employment at a wage rate less than the established minimum fair wage.

To apply for this waiver, the employer must submit:

- (a) this completed application form;
- (b) an application fee of one hundred dollars (\$100);
- (c) a copy of the U.S. Department of Labor Application for Authority to Employ Workers with Disabilities at Special Minimum Wages (Federal Form WH-226-MIS) **and** all supporting documentation that accompanied that application;
- (d) a current Certificate Authorizing Special Minimum Wage Rates under Section 14(c) of the Fair Labor Standard Act (Federal Form WH-228) issued in response by the U.S. Department of Labor.

Employers who place an employee(s) with a disability(ies) at worksites other than the employer's premises listed on the application must also provide:

- (i) the names and addresses of the worksites to which the workers will be sent;
- (ii) a list of the workers corresponding with the worksite assignment;
- (iii) the wage proposed to be paid to each worker;
- (iv) the job each worker will perform;
- (v) a copy of the contract for service between the employer applying for the waiver and the third party worksite employer, including the total sum of money to be paid by the third party to the employer for the services being provided; (vi) and such other information as the Director of the Department of Labor Standards may reasonably require.

The application fee must be submitted in the form of a money order or check, payable to the Commonwealth of Massachusetts. This fee is not refundable in the event that this application is denied.

Please submit the completed application form, application fee, and all required documents to:

**Department of Labor Standards
Minimum Wage Program
19 Staniford Street, 2nd Floor
Boston, MA 02114**

Your application form, documents, and application fee should be submitted at least 30 days prior to the requested date of applicability.

If you have any questions regarding this application, please contact DLS at 617-626-6952.

**19 Staniford Street • 2nd Floor • Boston, Massachusetts 02114
Phone: 617-626-6952 • Fax: 617-626-6944 • www.mass.gov/dols**

