



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.

To apply for this annual waiver, the employer must submit this completed application form, along with a fee of one hundred dollars (\$100). DLS is processing all waivers electronically. You will need to submit payment of \$100.00 for the application. You can do this online at <https://www.mass.gov/dls-online-payment>. We accept the following card(s): Discover, MasterCard, Visa, as well as electronic funds transfer from checking or savings bank accounts. This fee is not refundable in the event that this application is denied.

After payment is made please submit the completed application form to: Kathleen.coyne@mass.gov.

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.



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

Please provide the following information:

1. Name of company/organization: _____

2. Nature of business: _____

3. Telephone number: _____

4. Business address: _____

5. Name of contact person: _____

6. Provide names of all of the employees with disabilities, the nature and extent of the disabilities, and the expected start dates and each location where the employees will be working (attach additional sheets if necessary):

7. Provide detailed information about the nature of the work and individual time studies for each disabled employee (attach additional sheets if necessary):

8. Provide the prevailing or usual wage rate for the work performed and the proposed adjusted hourly rate for each disabled employee. Explain how the prevailing rate and adjusted rate were determined. (attach additional sheets if necessary):

9. a. Is this the company/organization's first application? YES NO

b. If this is not the first application, when was the last application made? _____

c. If a previous application was approved, when was the waiver in effect? _____

I declare the above facts and any supplemental documentation are true and complete to the best of my knowledge and understand that any false answer(s) will be considered just cause for denial of application. I understand that DLS and the Office of the Attorney General have the right of inspection of any employer's payroll records at any time.

Signature

Print Name

Print Title

Date