



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

Pursuant to M.G.L. c. 151, §9 and 454 C.M.R. 27.06 (2), the Department of Labor Standards 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-MS) 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 Standards 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 employers 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 or 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.

After online 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.



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for Employees with Disabilities
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Please provide the following information:

1. Name of company/organization: _____
2. Nature of business: _____
3. Phone number: _____
4. Business address: _____

5. Name of contact person and title: _____
6. A copy of the company's/organization's initial or renewal (whichever is applicable) Application for Authority to Employ Workers with Disabilities at Special Minimum Wages (Federal Form WH-226-MIS), which is the federal certificate which authorizes the employer to pay special minimum wages. Include the following:
 - a copy of the application, including Federal Form WH-226A and all required supporting documentation, and
 - a copy of the federal certificate.
7. Provide names of the individuals with disabilities, the nature and extent of the disabilities, and the expected start dates. (attach additional sheets if necessary): _____

