State of New Hampshire
Department of Labor

Phone:
603.271.0127
Email:
Inspectiondiv@dol.nh.gov

Approval Form for Sub-Minimum Wage or No Wage Rate for Work-Based Activities under RSA 279:22-aa

School/institution/Organization Colby-Sawyer College ☐ Secondary ☑ Post-secondary ☐ Other

Address: 541 MAIN sT (Street) New London (Town/City) NH (State) 03257 (*Zip Code*)

If disabled learner check one: ☐ VR ☐ AA ☐ CMHC ☐ Provider Agency

○ No Wage Rate ○ Sub-Minimum Wage Rate Requested, *amount* $_____

Program Name: Internship Program at Colby-Sawyer College

Contact Person: Noelle Bassi Title: Career Services Tel: 603-526-3766

Email: nbassi@colby-sawyer.edu

Type of Placement (check only one):

☐ Job Shadow ☐ Clinical ☐ Work Experience ■ Internship ☐ Service Learning
☐ Mentor Program ☐ Situational Assessment ☐ Training Program ☐ Other _____

Career Interest & Objective (or attach a course description or syllabus):

Goals and objectives will be provided by Colby-Sawyer College. Employer- please ensure job description meets criteria provided in documents

Is academic credit given for this program? ◉ Yes ○ No

Hours per day: _____ Days per week: _____ Total number of days at business site: _____

Supervision: Please describe how the student/learner(s) will be supervised and by whom _____

1. Does each place of business have a safety program? ○ Yes ○ No Explain _____
2. Is there **any** hazardous equipment involved? ○ Yes ○ No Type _____
3. Has all Safety Training been completed (as applicable to each site)? Including specific training for equipment as noted above

○ Yes ○ No Explain _____

The information above as provided is accurate and we guarantee that this placement in no way establishes an employee/employer relationship between the student(s) and the business site at which they are placed.

Attach Pre-Screening Forms for each business participating in this placement. Notify the DOL of any additions to this list, via additional Pre-Screening Forms. Also attach a sample copy of Agreement or Contract for this placement.

Print Name_____ Authorized Signature _____

Title_____

For DOL use only

○ Approved ○ Rejected DOL Authorized Signature _____ Date _____

Reason for Rejection:
☐ Please provide a more detailed Career Interest & Objective, or attach a course description or syllabus

☐ Other