

# ALASKA DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT



<input type="checkbox"/> <b>MINIMUM WAGE EXEMPTION APPROVED</b>
<input type="checkbox"/> <b>APPROVED AS AMENDED</b>
_____
_____
<input type="checkbox"/> <b>DENIED</b>
By: _____
Date: _____

- MINIMUM WAGE EXEMPTION:**
1. Employer completes and signs *Section A*.
  2. Prospective employee, parent or guardian completes and signs *Section B*.
  3. Employer submits application and copy of individual's Social Security Disability or Supplemental Security Income Determination to the Wage and Hour office. Provide a medical certificate if handicap is not clearly obvious or applicant does not receive Social Security benefits.
  4. Application must be made annually not later than the anniversary of the initial approval.

### Section (A) to be completed by EMPLOYER

Name of Employer:		Employer Fax Number:	
DBA/		Employer Phone Number:	
Employer's Local Mailing Address:		City	Zip
Location of Employment (Physical Address):		City	Zip
Duties to be performed by Handicapped Person:		Tools, Equipment or Machinery to be Used by Handicapped Person:	
NOTE: Hourly rate may not be less than 50 percent of current Alaska minimum wage.		Hourly Rate:	Pay Periods:
I affirm and agree that such working conditions will be maintained and that all changes shall have the prior approval of the Commissioner of Labor & Workforce Development.			
Printed Name of Employer or Agent Acting for Employer		Signature	Date

### Section (B) to be completed by APPLICANT, PARENT, or GUARDIAN prior to employment of handicapped person.

<b>YOU MUST PROVIDE ONE OF THE FOLLOWING DOCUMENTS OR A COPY THEREOF</b>		
<input type="checkbox"/> Social Security Disability Determination <input type="checkbox"/> Supplemental Security Income (SSI) Determination		
<input type="checkbox"/> Medical Certificate if handicap is not immediately obvious or applicant is not receiving Social Security benefits		
Name of Applicant (Print):	Address:	Date of Birth:
I affirm that I am (choose only one): <u>the applicant</u> (named above) <input type="checkbox"/> <u>parent/stepparent</u> <input type="checkbox"/> <u>legal guardian</u> <input type="checkbox"/> of the above named person.		
Signature (Legal guardian must attach documentation)	Telephone Number	Date

**NOTICE:** All information requested is required to process this work permit. Records of the Department are public records and may be subject to inspection and copying under AS 09.25.110-220 or be provided to other State agencies (see AS 44.99.310).

Labor Standards & Safety Division Alaska  
Department of Labor & Workforce  
Development  
1111 West Eighth Street, Suite 302  
Juneau, Alaska 99802-1149  
Phone: 465-4842  
FAX: 465-3584

Labor Standards & Safety Division Alaska  
Department of Labor & Workforce  
Development  
3301 Eagle Street, Suite 301  
Anchorage, Alaska 99503-4149  
Phone: 269-4900  
FAX: 269-4915

Labor Standards & Safety Division Alaska  
Department of Labor & Workforce  
Development Regional State Office Building  
675 7<sup>th</sup> Avenue, Station J-1  
Fairbanks, AK 99701  
Phone: 451-2886  
FAX: 451-2885

## **8 AAC 15.120 MINIMUM WAGE EXEMPTION FOR HANDICAPPED PERSONS**

(a) An application to employ a person at less than the minimum wage established under AS 23.10.065 must be made either on a form provided by the department or by filing an application for a special certificate to employ a handicapped person (29 C.F.R. Part 525) with the Regional Director of the wage and hour division of the United States Department of Labor.

(b) An application filed with the department must set out the facts showing that the person's productive capacity to do the work to be performed is impaired by physical or mental deficiency, age, or injury. A medical certificate will be required in all cases in which the handicap is not clearly obvious. The information in the application must be complete and must be certified by a responsible person who has knowledge of the facts.

(c) The commissioner will, in the commissioner's discretion, approve a wage lower than that established under AS 23.20.065, if the commissioner determines from the information provided in the application, that the person would otherwise be deprived of employment opportunity. With the exception of very extreme cases where the person is so seriously impaired that the person is unable to engage in competitive employment, that rate will not be less than 50 percent of the minimum wage established under AS 23.10.065.

(d) If an approval is issued under (c) of this section, it will specify the approved wage rate and the period for which it is effective. An application for renewal of an exemption must be made in the same manner as the original but must also include an evaluation of that person's productivity, comparing the degree of productivity between the initial application and the renewal.

(e) As a general rule, approval for payment of a wage lower than that established under AS 23.10.065 to persons with a temporary handicap will not be granted.

(f) Persons undergoing rehabilitation treatment or therapy relating to narcotics or alcoholism are not considered handicapped for the purposes of AS 23.10.070 and this section. (Eff. 12/9/78, Register 68; am 4/29/99, Register 150)

Authority: AS 23.10.070 AS 23.10.085

Editor's note: The address for the Regional Director specified in 8 AAC 15.120(a) is U.S. Department of Labor, Wage and Hour Division, Attn: Regional Director, 1111 Third Avenue, Suite 755, Seattle, Washington 98101.

**THIS FORM IS AVAILABLE ON THE INTERNET AT: <http://www.labor.state.ak.us/lss/lssforms.htm>**