

Application to Employ Workers with a Disability at a Subminimum Wage Instructions

Under the authority of the Washington State Minimum Wage Act, [RCW 49.46.060](#), and [WAC Chapter 296-128](#), this application is hereby made to employ a worker at a wage rate less than that prescribed by [RCW 49.46.020](#).

Completion of the entire application is required. Please attach supplemental information on separate pages. An application missing important or significant amounts of information will be returned with an attached note describing what information is needed in order to process the application.

Renewal Applications: The employer's contact information and signature, and the worker's contact information and signature are required information. Please write "no change" in any box asking for additional information that has not changed from the previous application for the expiring certificate. Renewals that request a wage rate below the federal minimum wage must include the most current information that is required under "Wage Rate Requested Less than the Federal Minimum Wage." If such application has been filed prior to the expiration date of the certificate, the existing certificate will remain in effect until the application for renewal has been granted or denied.

Questions? Please call 360-902-5552.

Employer Information

Contact Information: Applications must list the employer's name, address, UBI number, and phone number. Fax number and email address are optional.

Period Requested: L&I normally issues certificates to employ workers with a disability at a subminimum wage for two years. The wage rate approved remains valid for two years, regardless of any subsequent state minimum wage increases. For applications requesting certificate terms longer or shorter than two years, a statement should be attached to the application that describes why a nonstandard expiration date is being requested.

DDA Clients: If the worker is a client of the Washington State Department of Social and Health Services (DSHS), Developmental Disabilities Administration (DDA), the name, phone number, and email address of the DDA case manager and the name, address, phone number, and email address of the Necessary Supplemental Accommodation (NSA) representative are required. A statement verifying the worker's disability is not required for DDA clients.

Non-DDA Clients: For workers who are not DDA clients, the application must have an attached statement verifying the worker's disability. The statement should include either a physician's statement certifying the worker's disability with a detailed description as to how the worker's disability affects the work performed, or a statement of the worker's disability from a vocational school detailing how the worker's disability affects the work performed.

Signature of Employer: The signature of the employer (or the employer's authorized representative) is required.

Worker Information

Contact Information: The worker's name and address are required information. Please list the address where the worker will receive notices, mailings, the final certificate, and appeal rights. If the worker does not have a mailing address, please list the address for the NSA representative, legal guardian, or individual authorized to receive information on behalf of the worker.

Date of Birth: The date of the worker's birth is required information. If the worker is under 18, the employer must have a valid Minor Work Permit, proof of age, and a copy of a completed and signed Parent/School Authorization form on file. Such documentation does not need to be supplied with the application.

Guardian Name: For workers with legal guardians that are not clients of DDA, the name, phone number, and address of the legal guardian is required information. If the worker does not have a legal guardian, the name, phone number, and address of an individual that can explain to the worker the purpose for the subminimum wage application is requested.

Hourly Rate Below Minimum Wage Requested

Applicable Minimum Wage: Please list the current minimum wage in the jurisdiction where the work is to be performed. If work is to be performed in a jurisdiction with a higher minimum wage, please note the applicable higher minimum wage.

Wage Rate Requested Less than the Federal Minimum Wage: If a wage rate less than the federal minimum wage is requested, the following must be attached to the application: A time/motion study performed in the last year (or other verifiable work measurement method that meets the requirements of 29 CFR § 525.12), computation of the industry prevailing wage rate for the worker's occupation, and a current copy of the federal subminimum wage certificate.

Wage Rate Requested Less Than 75% of the State Minimum Wage, but Above Federal Minimum Wage: For a wage rate requested that is less than 75% of the state minimum wage, but above the federal minimum wage, documentation of a verifiable work measurement method that meets the requirements of 29 CFR § 525.12 and was performed in the last year must be attached to the application.

Wage Rate Requested Less than 25% of the State Minimum Wage: L&I may conduct an in-depth investigation into why a rate of pay less than 25% of the state minimum wage is necessary in order to prevent curtailment of opportunities for employment. If L&I initiates an investigation, a temporary certificate may be issued until the investigation is complete.

Two or More Hourly Rates Requested: For a request of two subminimum wage rates, the applicant must supply an additional statement that explains the need for two subminimum wage rates. This statement must explain why the nature of the worker's disability requires two subminimum wage rates. L&I will only approve a single certificate with one or two subminimum wage rates. Should a request be made for three or more subminimum wage rates, L&I will require an application be submitted for each separate rate requested.

Piece Rate: For workers paid on a piece rate basis, the worker's average piece rate per hour should be listed under the hourly wage rate requested.

Employment Hours: Please list an estimate of how many hours per day and days per week the worker will be working.

Signature of Worker: The signature of the worker is required. For workers with diminished cognitive ability that can sign the application with a mark, L&I will accept this mark in place of a signature as long as the mark is accompanied by the signature of a witness certifying that the worker made the mark.

How the Nature of the Worker's Disability Affects the Job Being Performed

Description of the Work Performed: This is a specific description of the worker's job duties. Please include more than just a job title. For instance, if the worker is a retail clerk, a specific description could include: "assists customers, operates a cash register, and packages purchased goods."

Nature of the Worker's Disability: This statement should explain the specific aspects of the worker's disability that limit the worker's economic opportunities.

How the Worker's Disability Affects Work to be Performed: This is a description of how the worker's particular disability affects the specific job being performed. For instance, if a worker's disability affects the worker's motor skills in the upper extremities and the work task involves fine-motor skills, the statement would explain how that disability would impact the worker's ability to perform that task.

Has the Worker Been Employed at or Above Minimum Wage in the Last Five Years? This information assists L&I in determining whether a subminimum wage rate is necessary in order to prevent curtailment of opportunities for employment. If the worker has been employed at or above the minimum wage in the last five years, please attach supplemental information that explains why it is now necessary to employ the worker at a subminimum wage rate.



Application to Employ Workers with a Disability at a Subminimum Wage

Employment Standards Program
 PO Box 44510
 Olympia WA 98504-4510

New Application Renewal/Updated Application

Fax: 360-902-5300
 Questions? Call 360-902-5552

Under the authority of the Washington State Minimum Wage Act, [RCW 49.46.060](#), and [WAC Chapter 296-128](#), this application is hereby made to employ the following worker at a wage rate less than that prescribed by [RCW 49.46.020](#).

Complete the entire application. The employer may attach additional information on separate pages.

Employer Information

Employer Name		UBI Number
Employer Address		
City	State	Zip Code
Phone Number	Fax Number	Email Address
Period Requested for a Subminimum Wage Certificate From: _____ To: _____		
Is the worker a client of DDA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information		
Name of Case Manager	Phone Number for Case Manager	Email Address
Is there an NSA (Necessary Supplemental Accommodation) Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information		
NSA Contact Name	Phone Number for NSA	
NSA Contact Address		
City	State	Zip Code
		Email Address

Signature of Employer or Authorized Representative _____

Date _____

Worker Information

Worker Name		Date of Birth
Address		
City	State	Zip Code
Guardian Name (if different from NSA)	Guardian Phone Number	Guardian Email Address
Guardian Address		
City	State	Zip Code

Hourly Rate Below Minimum Wage Requested

In accordance with [WAC 296-128-050](#) for workers 18 years of age or over and [WAC 296-125-043](#) for workers under age 18, the employer requests a certificate to employ an individual whose earning capacity is impaired by reason of age, mental disability, or physical disability.

Applicable minimum wage rate:

Hourly rate below minimum wage requested:

Worker will be working _____ hours per day and _____ days per week.

This is an estimate of the regular hours and days to be worked.

By signing this application, I agree that being paid less than the minimum wage is necessary to eliminate employment barriers that directly relate to my disability.

Signature of Worker

Date

Signature of Guardian, NSA, Person with Power of Attorney, or Witness

Date

How the Nature of the Worker's Disability Affects the Job Being Performed:

This information is important in determining if the wage rate requested is necessary in order to prevent the curtailment of opportunities for employment for workers with disabilities.

Description of the work performed:

Nature of the worker's disability:

How does the worker's disability affect the work performed and limit other employment opportunities?

Has the worker been employed at or above minimum wage in the last five years?

No Yes

If yes, please attach additional information (such as dates of employment, employer, job description, and reasons why this or similar employment are not available).