



STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
PO BOX 2076
CONCORD, NH 03302-2076

(603) 271-3176

APPROVAL FORM FOR NON-PAID WORK-BASED ACTIVITIES UNDER RSA 279:22-aa

(Please type or print all information)

School/institution/Organization _____ Secondary _____ Post-secondary _____ Other _____

Address _____
(Street) (Town/City) (State) (Zip Code)

If disabled check one: VR _____ AA _____ CMHC _____ Provider Agency _____

Program Name: _____
Contact Person _____ Title _____ Tel. _____

Type of Placement (check one):

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

Career Interest/Objective:

Is academic credit given for this program? Yes _____ No _____
Hours per student/learner _____ Days per week _____ Total number of days at business site _____
Supervision: Please describe how the student/learner(s) will be supervised and by whom _____

- Does each place of business have a safety program? Yes _____ No _____ Explain _____
- Is there **any** hazardous equipment involved? Yes _____ No _____ Type _____
- 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) /learner(s) and the business site at which they are placed.

Attach list of business(es) participating in this placement. Must include: Name of business, address, phone # & contact person. Notify the DOL of any additions to this list. Also attach a sample copy of Agreement or Contract for this placement.

Authorized Signature _____ Title _____

For D.O.L. use only
Approved _____ Rejected _____ D.O.L. Authorized Signature _____ Date _____
Reason for Rejection: _____