

APPLICATION FOR SUB-MINIMUM WAGE FOR VOCATIONAL EDUCATION STUDENTS

NORTH DAKOTA DEPARTMENT OF LABOR AND HUMAN RIGHTS SFN 51370 (1-2025)

Return completed application to:
600 E Boulevard Ave Dept 406
Bismarck ND 58505-0340
701-328-2660 Fax 701-328-2031
ND Toll-Free 1-800-582-8032
TTY: 1-800-366-6888
www.nd.gov/labor

Is this application for a(n) Initial certificate? Renewal certificate?					
46-02-07-02.2 NDAC The commissioner may grant sub-minimum wages for students enrolled in vocational education or related programs as long as the wage is not below eighty-five percent (85%) of the current state minimum wage.					
TO BE COMPLETED BY EMPLOYEE					
Name of Employee	Date of Birth	Te	Telephone Number		
Employee Email Address					
Address of Employee	City	S	tate	ZIP Code	
I have read the statements in this application and ask that the requested certificates be granted.					
Signature of Applicant		D	Date		
TO BE COMPLETED BY EMPLOYER					
Name of Employer			Telephone Number		
Employer Email Address					
Address of Employer	City	S	tate	ZIP Code	
Employer's Type of Business		I			
Job description of the employee's position and a description of the training program. Continue on separate sheet, if necessary.					
Job Title					
Amount other employees are paid for this position (per hour)	are paid for this position (per hour) Amount employer proposes employer			oyee be paid (per hour)	
I certify that, to the best of my knowledge and belief, all statements are true and accurate.					
Signature of Employer or Authorized Official	Telephone Number	D	ate		
I certify that, to the best of my knowledge and belief, this is a bonafide educational program.					
Name of School			Telephone Number		
Signature of Vocational Education or Special Education Instructor			Date		