



Section 14(c) Certificate Application

OMB NO: 1235-0001 EXPIRES: 12/31/2019 REV 12/2017

We are now accepting the Application for Authority to Employ Workers with Disabilities at Subminimum Wages electronically. This electronic form includes both forms WH-226 and WH-226A.

All employers, including current section 14(c) certificate holders, previous certificate holders, and new applicants, will have to create an account in order to submit the form electronically.

Read our [FAQs for Electronic Section 14\(c\) Certificate Application](#).

What is the purpose of this application?

This application is to be used to apply for a certificate authorizing the payment of subminimum wages to certain workers with disabilities under section 14(c) of the Fair Labor Standards Act (FLSA) and related provisions of the McNamara-O'Hara Service Contract Act (SCA) and the Walsh-Healey Public Contracts Act (PCA). Payment of subminimum wages to workers with disabilities is only permitted under a valid certificate issued by the United States Department of Labor, Wage and Hour Division. State agencies and the Veterans Administration may also request immediate temporary certificate authority by completing this application.

Responsibility to comply with other laws

An employer with a section 14(c) certificate must comply with all statutory and regulatory provisions of the FLSA. Employers also must comply with all applicable Federal laws, including Executive Order 13658 (Establishing a Minimum Wage for Contractors), the Americans with Disabilities Act (ADA) as amended, the Supreme Court's Olmstead v. L.C. decision, and the Rehabilitation Act as amended, as well as applicable state or local requirements. Beginning July 22, 2016, employers also have an affirmative duty to comply with the additional conditions for payment of subminimum wages pursuant to the Rehabilitation Act as amended by the Workforce Innovation and Opportunity Act (WIOA).

Where to file?

The Section 14(c) Online Certification Application allows you to submit your section 14(c) application electronically to the U.S. Department of Labor, Wage and Hour Division.

Failure to provide any required information may delay the processing of the application or result in the application being returned or denied. Additional guidance is provided in the regulations at 29 C.F.R. part 525.

Create an Account

First Name

Last Name

Email Address

Password

[Show Password](#)

Confirm Password

Register

Log in

Email Address

Password

[Show Password](#)

Log in

[Forgot Your Password?](#)

Questions? [Find help here.](#)



FEDERAL GOVERNMENT

LABOR DEPARTMENT

ABOUT THE SITE



Section 14(c) Certificate Application

Dashboard Account Help Sign Out

Register an Employer

Before you can begin the application, please register an employer for this account.

All fields are required unless indicated as optional.

Has this employer ever previously held a section 14(c) certificate?

- Yes No

What is the most recently held main establishment certificate?

Example: 12-34567-H-890

Legal Name of Employer

What if the Employer's legal name changed since its last application?

Use the Employer's legal name as it appeared on the last application. You will have an opportunity to update the Employer's legal name when completing your application.

Federal Employer Identification Number (EIN)

Example: 00-1234567

Physical Address of Employer's Main Establishment

Street Address

City State

Zip Code

County

Register Employer





Section 14(c) Certificate Application

[Start Application](#)



FEDERAL GOVERNMENT

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ABOUT THE SITE



Section 14(c) Certificate Application

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ACME Services, Inc.

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Application for Authority to Employ Workers with Disabilities at Subminimum Wages

OMB NO: 1235-0001 EXPIRES: 12/31/2019 REV 12/2017

Assurances Application Info Employer Wage Data Work Sites & Employees WIOA

Representations and Written Assurances

An authorized representative of the employer must provide an electronic signature certifying to the information included in this section. SWEP applications must be signed by the school counselor or coordinating official.

All fields are required unless indicated as optional.

I certify that I have read this application and to the best of my knowledge and belief, all answers and information given in the application and attachments are true; that the representations set forth in support of this application to obtain or continue the authorization to pay workers with disabilities at subminimum wage rates are true; and I acknowledge that the authorization, if issued or continued, is subject to revocation in accordance with the provisions of 29 C.F.R. part 525.

I represent that as set forth in the regulations governing the employment of workers with disabilities, the following conditions exist and will continue to exist:

- 1. Workers employed under the authority in 29 C.F.R. part 525 have disabilities for the work to be performed;
2. Wage rates paid to workers with disabilities under the authority in 29 C.F.R. part 525 are commensurate with those paid experienced workers, who do not have disabilities, in industry in the vicinity for essentially the same type, quality, and quantity of work;
3. The operations are and will continue to be in compliance with the Fair Labor Standards Act (FLSA), Walsh-Healey Public Contracts Act (PCA), McNamara-O'Hara Service Contract Act (SCA), and the Contract Work Hours and Safety Standards Act (CWHSSA), an overtime statute for Federal contract work, as applicable;
4. No deductions will be made from the commensurate wages earned by a patient worker to cover the cost of room, board or other services provided by the facility;
5. Records required under 29 C.F.R. part 525 with respect to documentation of disability, productivity, work measurements or time studies, and prevailing wage surveys will be maintained.

Further, I certify that:

- 1. The wage rates of all hourly-rated employees paid in accordance with FLSA section 14(c) will be reviewed at least every six months; and
2. Wages paid to all employees under FLSA section 14(c) will be adjusted at periodic intervals, at least once a year, to reflect changes in the prevailing wage paid to experienced workers, who do not have disabilities, employed in the vicinity for essentially the same type of work.

I agree to use an electronic signature. By entering my Full Name and Title below, I certify that I am authorized to accept these representations and assurances on behalf of the organization named on this application.

First Name

Text input field for First Name

Last Name

Text input field for Last Name

Title

Text input field for Title

Date

Month Day Year

Month, Day, and Year dropdown menus

Example: 04 30 2016

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Application for Authority to Employ Workers with Disabilities at Subminimum Wages

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Assurances Application Info Employer Wage Data Work Sites & Employees WIOA

Application Info

Show Help for All Items

All fields are required unless indicated as optional.

Application Type

What type of application is this?

Initial applicants are those who do not currently hold a valid section 14(c) certificate. Renewal applicants are employers who currently hold a valid certificate.

- Initial Application
Renewal Application

Has this employer ever previously applied for a 14(c) certificate?

- Yes
No

Has this employer ever previously held a 14(c) certificate?

- Yes
No

What is the most recently held main establishment certificate number?

Example: 12-34567-H-890

This application is for authority to employ workers with disabilities in which employment setting(s)?

Select all that apply

- Community Rehabilitation Program (Work Center)

A facility that primarily provides vocational rehabilitation services and employment for people with disabilities.

- Hospital/Residential Care Facility (Patient Workers)

A facility (public or private, non-profit or for-profit) that primarily provides residential care for individuals with disabilities, including but not limited to nursing homes, intermediate care facilities, assisted living facilities, halfway houses, and residential substance abuse treatment facilities.

- School Work Experience Program (SWEP)

A school-operated program in which students with disabilities may be placed in jobs with private industry within the community. School employers are responsible for compliance with all applicable child labor laws, minimum wage standards, and certificate and recordkeeping requirements.

- Business Establishment

Any employer other than a community rehabilitation program, hospital/residential care facility, or SWEP.

Application Contact Person

This should be a person who can best answer questions concerning information contained on this application.

First Name

Text input field for First Name

Last Name

Text input field for Last Name

Telephone Number

Example: 123-456-7890

Fax Number Optional

Example: 123-456-7890

Email Address

Example: contact.name@company.com

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- Assurances Application Info Employer Wage Data Work Sites & Employees WIOA

Employer Show Help for All Items

All fields are required unless indicated as optional.

Employer Information

Legal Name of Employer Provide the full legal name of the employer. SWEPS should enter the identifying information for the school that is applying for the certificate.

Text input field for Legal Name of Employer

Does the Employer have a Trade Name? Provide the trade name of the employer, if applicable.

Radio buttons for Yes/No

Employer's Trade Name

Text input field for Employer's Trade Name

Has the Employer's name(s) changed since its last application? Provide the previous name(s) of the employer, if applicable.

Radio buttons for Yes/No

Prior Name(s) of Employer

Text input field for Prior Name(s) of Employer

Federal Employer Identification Number (EIN) Example: 00-1234567

Text input field for Federal Employer Identification Number

Physical Address of Employer's Main Establishment

Text input field for Street Address

Text input fields for City and State

Text input field for Zip Code

Text input field for County

Mailing Address is different from Physical Address

Mailing Address of Employer's Main Establishment

Text input field for Street Address

Text input fields for City and State

Text input field for Zip Code

Text input field for County

Does the Employer have a Parent Organization? If applying as a SWEPS, select "Yes" and enter the school district's information.

Radio buttons for Yes/No

Parent Organization Information

Text input field for Legal Name

Text input field for Trade Name

Text input field for Street Address

Text input fields for City and State

Text input field for Zip Code

Text input field for County

Check here if mail is to be sent to parent organization instead of the employer's address.

Employer Status Select the option that describes the employer's status. For example, a SWEPS operated by a public school system should select "Public."

- Public (State or Local Government) Private, For Profit Private, Not For Profit Other, please describe:

Text input field for Other, please describe:

Is this employer a local or State educational agency? The term "local educational agency" means a public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State, or of or for a combination of school districts or counties that is recognized in a State as an administrative agency for its public elementary schools or secondary schools. The term "State educational agency" means the agency primarily responsible for the State supervision of public elementary schools and secondary schools. See 20 U.S.C. 7801, the Elementary and Secondary Education Act of 1965.

Radio buttons for Yes/No

Number of Workers With Disabilities

When did the employer's most recently completed fiscal quarter end? Provide the ending date of the employer's most recently completed three-month fiscal quarter. For example, if the fiscal year begins on January 1, provide the date of the most recently completed quarter (March 31, June 30, September 30, or December 31).

Text input fields for Month, Day, Year

What is the total number of workers with disabilities employed at subminimum wages during the most recently completed fiscal quarter at all establishments and work sites? Include workers who were employed for less than the full fiscal quarter, i.e. three-month period.

Text input field for total number of workers

Provide the number of workers with disabilities employed at subminimum wages for the most recently completed fiscal quarter in each of the following categories:

Community Rehabilitation Program (Work Center) A facility that primarily provides vocational rehabilitation services and employment for people with disabilities.

Text input field for Community Rehabilitation Program

Hospital/Residential Care Facility (Patient Workers) A facility (public or private, non-profit or for-profit) that primarily provides residential care for individuals with disabilities, including but not limited to nursing homes, intermediate care facilities, assisted living facilities, halfway houses, and residential substance abuse treatment facilities. "Primarily" means that more than 50 percent of the facility's income is attributable to this residential care. A patient worker is a worker with a disability who is employed by a hospital or residential care facility (as defined above) where the patient worker receives inpatient or outpatient treatment or care.

Text input field for Hospital/Residential Care Facility

School Work Experience Program (SWEPS) A school-operated program in which students with disabilities may be placed in jobs with private industry within the community. School employers are responsible for compliance with all applicable child labor laws, minimum wage standards, and certificate and recordkeeping requirements. The school may submit a group application which covers all students with disabilities and all of the business locations at which the students will be placed.

Text input field for School Work Experience Program

Business Establishment Any employer other than a community rehabilitation program, hospital/residential care facility, or SWEPS.

Text input field for Business Establishment

Government Contracts Does this employer manufacture items for the Federal Government under the Walsh-Healey Public Contracts Act (PCA)? Make the appropriate selection if the employer has, or intends to receive, any contracts with the Federal Government subject to the Walsh-Healey Public Contracts Act (PCA). Additional information about contracts with the Federal Government can be found at www.dol.gov/whd/govcontracts.

Radio buttons for Yes/No

Does this employer currently hold any contracts covered by the McNamara-O'Hara Service Contract Act (SCA)? Make the appropriate selection if the employer has, or intends to receive, any contracts with the Federal Government subject to the McNamara-O'Hara Service Contract Act (SCA). Additional information about contracts with the Federal Government can be found at www.dol.gov/whd/govcontracts.

Radio buttons for Yes/No

No, but intend to within the next two years

What is the total number of current SCA-covered contracts under which workers with disabilities are employed and earning subminimum wages?

Text input field for SCA-covered contracts

Attach copies of all current SCA Wage Determinations for those contracts on which workers with disabilities are employed and earning subminimum wages.

Browse button for SCA Wage Determinations

File types accepted: PDF, JPG, PNG

Need to convert a Word or Excel file to PDF? Follow these instructions.

Since January 1, 2015, has this employer entered into a contract for services, or concessions with the Federal Government that may be subject to Executive Order 13658 (Establishing a Minimum Wage for Contractors)? Make the appropriate selection if the employer has, or intends to receive, any contracts with the Federal Government subject to the Executive Order 13658, Establishing a Minimum Wage for Contractors. Section 14(c) workers performing on or in connection with a contract covered by Executive Order 13658 are generally entitled to be paid at least the Executive Order minimum wage. Additional information about contracts with the Federal Government can be found at www.dol.gov/whd/govcontracts.

Radio buttons for Yes/No

No, but intend to within the next two years

Additional Questions

Was the employer, as a representative payee for any worker with disabilities and, as such, received Social Security benefits such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) on behalf of that employee during the most recently completed fiscal quarter?

Radio buttons for Yes/No

Total number of workers with disabilities for whom the facility was a representative payee during the most recently completed fiscal quarter? If the employer was a representative payee for any worker with disabilities who received Social Security benefits during the most recently completed fiscal quarter, provide the total number of employees for whom the employer was the representative payee.

Text input field for total number of workers

Did the employer take credit for the cost of providing facilities, such as board, lodging, and transportation, toward meeting the minimum wage or subminimum wage obligations to workers with disabilities during the most recently completed fiscal quarter? Section 3(m) of the FLSA permits employers, under certain circumstances, to count toward its minimum wage obligations the reasonable cost of furnishing facilities which are customarily furnished to employees. Indicate if the employer provided facilities such as lodging, board, and transportation to any employee, and took credit for those costs toward meeting the minimum wage or subminimum wage obligations to employees during the most recently completed fiscal quarter. See 29 C.F.R. § 531 and 29 C.F.R. § 516.

Radio buttons for Yes/No

Which type of deduction(s) did the employer take? Transportation Rent Meals Other Facilities

Checkboxes for deduction types

Is this a request for Temporary Authority by a vocational rehabilitation program administered by a State agency or the U.S. Veterans Administration? Select "Yes" if this is a request for temporary authority to employ workers with disabilities at subminimum wages pursuant to a vocational rehabilitation program of the Veterans Administration for veterans with a service-incurred disability or a vocational rehabilitation program administered by a State agency. A copy of the signed application will constitute the temporary authority provided the application is submitted to the Department of Labor within ten days of the signing. Temporary authority will exist for 90 days from the date the application is signed and cannot be extended or renewed by the issuing agency. See 29 C.F.R. § 525.8.

Radio buttons for Yes/No

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Application for Authority to Employ Workers with Disabilities at Subminimum Wages OMB NO: 1235-0001 EXPIRES: 12/31/2019 REV 12/2017

Assurances Application Info Employer Wage Data Work Sites & Employees WIOA

Wage Data

Show Help for All Items Helpful Links

All fields are required unless indicated as optional.

How did the employer pay subminimum wage rates to workers with disabilities in the most recent fiscal quarter?

- Hourly
Piece Rate
Both

How many workers with disabilities were paid an hourly subminimum wage during the most recently completed fiscal quarter?

Provide the total number of workers paid an hourly subminimum wage rate at any time during the most recently completed fiscal quarter.

Input field for number of workers

What was the job or contract on which the employer employed the largest number of workers at hourly subminimum wage rates during the most recently completed fiscal quarter?

Identify the job or contract and provide a brief description of the work performed by workers paid subminimum wages (e.g., Name: Kitchen cleaning, Description: sink, counters, stove, refrigerator, microwave cleaning duties, or Name: Contract No. 123-456 with Sheets Inc., Description: Laundry Service).

Name of Job or Contract

Description of Work Performed on this Job/Contract by Workers Paid Subminimum Wages

Which method did the employer use to determine the prevailing wage for the job or contract identified above?

For information on prevailing wages, see Fact Sheet #39B: Prevailing Wages and Commensurate Wages under Section 14(c) of the FLSA.

- Prevailing Wage Survey
Alternate Wage Data Source
SCA Wage Determination

Provide information for the most recent prevailing wage survey conducted for the job or contract identified above:

Prevailing wage determined based on this survey
The prevailing wage rate determined from the surveys may be calculated by using a weighted or straight average, but the same method should be used to calculate all of the employer's prevailing wage rates.
You must provide at least 3 Source Employers for the survey
If the employer used more than three sources, provide the information obtained from all sources.

Add Source Employer

Source Employer Name, Street Address, City, State, Zip Code, Telephone Number, First Name of Individual Contacted, Last Name of Individual Contacted, Title of Individual Contacted, Date of Contact, Brief Description of Job/Task

For example, "Hand assembly of cardboard shipping boxes."

Experienced Worker Wage Provided
The wage rate collected from each source should be the hourly rate paid to experienced (not entry level) workers who do not have disabilities that affect productive capacity.

Basis for Conclusion Wage Rate is Not Based on Entry Level
For example, "Entry rate = \$10," "Entry rate = \$9.50; raise given after probationary period," or "Contact confirmed rate was for experienced workers."

Cancel Save Source Employer

How frequently does the employer conduct work measurements or time studies of each worker with a disability who is paid an hourly subminimum wage?

Input field for frequency

Attach a work measurement or time study for ONE currently employed worker with a disability who is paid an hourly subminimum wage for the contract identified above.

Browse

File types accepted: PDF, JPG, PNG
Need to convert a Word or Excel file to PDF? Follow these instructions.

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Wage Data

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All fields are required unless indicated as optional.

How did the employer pay subminimum wage rates to workers with disabilities in the most recent fiscal quarter?

- Hourly
Piece Rate
Both

How many workers with disabilities were paid an hourly subminimum wage during the most recently completed fiscal quarter?

Provide the total number of workers paid an hourly subminimum wage rate at any time during the most recently completed fiscal quarter.

Input field for number of workers

What was the job or contract on which the employer employed the largest number of workers at hourly subminimum wage rates during the most recently completed fiscal quarter?

Identify the job or contract and provide a brief description of the work performed by workers paid subminimum wages (e.g., Name: Kitchen cleaning, Description: sink, counters, stove, refrigerator, microwave cleaning duties, or Name: Contract No. 123-456 with Sheets Inc., Description: Laundry Service).

Name of Job or Contract

Input field for job name

Description of Work Performed on this Job/Contract by Workers Paid Subminimum Wages

Large input field for work description

Which method did the employer use to determine the prevailing wage for the job or contract identified above?

For information on prevailing wages, see Fact Sheet #39B: Prevailing Wages and Commensurate Wages under Section 14(c) of the FLSA.

- Prevailing Wage Survey
Alternate Wage Data Source
SCA Wage Determination

Provide the alternate wage data source used and the prevailing wage provided by that source:

If conducting surveys is not practical, the employer may instead use U.S. Bureau of Labor Statistics (BLS) or private or State employment services data.

Description of Work (include job classification code, if known)

Input field for alternate source description

Alternate data source used

Input field for alternate source name

Prevailing wage provided by source

Input field for prevailing wage

Date data retrieved

Month Day Year input fields with example: 04 30 2016

How frequently does the employer conduct work measurements or time studies of each worker with a disability who is paid an hourly subminimum wage?

Input field for frequency

Attach a work measurement or time study for ONE currently employed worker with a disability who is paid an hourly subminimum wage for the contract identified above.

The time study provided must be the most recent time study conducted for that worker. The hourly rate time study provided should include the productivity rating and evaluation forms used to determine the employee's commensurate wage rate.

- detailed task analysis (including quality and quantity measures),
wage and productivity of an experienced worker who is not disabled for the work performing the same job(i.e., "standard setter"), and
determination of the worker's individual productivity.

Browse

File upload input field

File types accepted: PDF, JPG, PNG

Need to convert a Word or Excel file to PDF? Follow these instructions.

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Assurances Application Info Employer Wage Data Work Sites & Employees WIOA

Wage Data

Show Help for All Items Helpful Links

All fields are required unless indicated as optional.

How did the employer pay subminimum wage rates to workers with disabilities in the most recent fiscal quarter?

- Hourly
Piece Rate
Both

How many workers with disabilities were paid an hourly subminimum wage during the most recently completed fiscal quarter?

Provide the total number of workers paid an hourly subminimum wage rate at any time during the most recently completed fiscal quarter.

Input field for number of workers

What was the job or contract on which the employer employed the largest number of workers at hourly subminimum wage rates during the most recently completed fiscal quarter?

Identify the job or contract and provide a brief description of the work performed by workers paid subminimum wages (e.g., Name: Kitchen cleaning, Description: sink, counters, stove, refrigerator, microwave cleaning duties, or Name: Contract No. 123-456 with Sheets Inc., Description: Laundry Service).

Name of Job or Contract

Input field for job name

Description of Work Performed on this Job/Contract by Workers Paid Subminimum Wages

Large input field for work description

Which method did the employer use to determine the prevailing wage for the job or contract identified above?

For information on prevailing wages, see Fact Sheet #39B: Prevailing Wages and Commensurate Wages under Section 14(c) of the FLSA.

- Prevailing Wage Survey
Alternate Wage Data Source
SCA Wage Determination

Attach the applicable SCA Wage Determination

Browse

File types accepted: PDF, JPG, PNG

Need to convert a Word or Excel file to PDF? Follow these instructions.

How frequently does the employer conduct work measurements or time studies of each worker with a disability who is paid an hourly subminimum wage?

Input field for frequency

Attach a work measurement or time study for ONE currently employed worker with a disability who is paid an hourly subminimum wage for the contract identified above.

The time study provided must be the most recent time study conducted for that worker. The hourly rate time study provided should include the productivity rating and evaluation forms used to determine the employee's commensurate wage rate. The documentation should include all materials related to the work measurement, such as:

- detailed task analysis (including quality and quantity measures),
wage and productivity of an experienced worker who is not disabled for the work performing the same job(i.e., "standard setter"), and
determination of the worker's individual productivity.

Browse

File types accepted: PDF, JPG, PNG

Need to convert a Word or Excel file to PDF? Follow these instructions.

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Wage Data

Show Help for All Items Helpful Links

All fields are required unless indicated as optional.

How did the employer pay subminimum wage rates to workers with disabilities in the most recent fiscal quarter?

- Hourly
Piece Rate
Both

How many workers with disabilities received subminimum wages and were paid piece rates during the most recently completed fiscal quarter?

Provide the total number of workers paid on a piece rate basis that resulted in a subminimum wage at any time during the most recently completed fiscal quarter.

Input field for number of workers

What was the job or contract on which the employer employed the largest number of workers who received subminimum wages and were paid piece rates during the most recently completed fiscal quarter?

Identify the job or contract and provide a brief description of the work performed by workers paid subminimum wages (e.g., Gadget disassembly, or Contract No. 000-111 with Widgets Inc.—Hand Assembly of Boxes (28" x 12").

Name of Job or Contract

Description of Work Performed on this Job/Contract by Workers Paid Subminimum Wages

Description of work performed

Which method did the employer use to determine the prevailing wage for the job or contract identified above?

For information on prevailing wages, see Fact Sheet #39B: Prevailing Wages and Commensurate Wages under Section 14(c) of the FL-ISA.

- Prevailing Wage Survey
Alternate Wage Data Source
SCA Wage Determination

Provide information for the most recent prevailing wage survey conducted for the job or contract identified above:

Prevailing wage determined based on this survey

The prevailing wage rate determined from the surveys may be calculated by using a weighted or straight average, but the same method should be used to calculate all of the employer's prevailing wage rates.

Input field for prevailing wage

You must provide at least 3 Source Employers for the survey

If the employer used more than three sources, provide the information obtained from all sources. The source employers surveyed should be located in the geographic area from which the labor force of the applicant is drawn. The sources for the jobs surveyed should use similar methods and equipment as the job for which this rate will apply.

Add Source Employer

Source Employer Name

Street Address

City State

Zip Code

Telephone Number Example: 123-456-7890

First Name of Individual Contacted

Last Name of Individual Contacted

Title of Individual Contacted

Date of Contact Month Day Year Example: 04 30 2016

Brief Description of Job/Task For example, "Hand assembly of cardboard shipping boxes."

Experienced Worker Wage Provided

The wage rate collected from each source should be the hourly rate paid to experienced (not entry level) workers who do not have disabilities that affect productive capacity. An experienced worker is a worker who has learned the basic requirements of the work to be performed, ordinarily by completion of a probationary or training period. Typically, an experienced worker will have received at least one pay raise after successful completion of the probationary or training period.

Input field for experienced worker wage

Basis for Conclusion Wage Rate is Not Based on Entry Level

For example, "Entry rate = \$10," "Entry rate = \$9.50; raise given after probationary period," or "Contact confirmed rate was for experienced workers."

Input field for basis for conclusion wage rate

Cancel

Save Source Employer

Provide the following information for the job or contract identified above:

Provide a current piece rate work measurement or time study for the job/contract reflected in the prevailing wage survey above.

Description of work (e.g. packaging, shrink-wrapping, labeling)

Prevailing Wage Determined for This Job rate per hour

Standard Productivity units per hour

Piece Rate Paid to Workers rate per unit

Attach all documentation of the methods used to determine the standard productivity and the piece rate.

For example:
detailed task analysis (including quality and quantity measures), and
productivity of an experienced worker who is not disabled for the work performing the same job (i.e., "standard setter").

Browse

File types accepted: PDF, JPG, PNG

Need to convert a Word or Excel file to PDF? Follow these instructions.

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Wage Data

Show Help for All Items Helpful Links

All fields are required unless indicated as optional.

How did the employer pay subminimum wage rates to workers with disabilities in the most recent fiscal quarter?

- Hourly
- Piece Rate
- Both

How many workers with disabilities received subminimum wages and were paid piece rates during the most recently completed fiscal quarter?

Provide the total number of workers paid on a *piece rate* basis that resulted in a subminimum wage at any time during the most recently completed fiscal quarter.

What was the job or contract on which the employer employed the largest number of workers who received subminimum wages and were paid piece rates during the most recently completed fiscal quarter?

Identify the job or contract and provide a brief description of the work performed by workers paid subminimum wages (e.g., Gadget disassembly, or Contract No. 000-111 with Widgets Inc.—Hand Assembly of Boxes (28" x 12")).

Name of Job or Contract

Description of Work Performed on this Job/Contract by Workers Paid Subminimum Wages

Which method did the employer use to determine the Prevailing Wage for the job or contract identified above?

For information on Prevailing Wages, see [Fact Sheet #39B: Prevailing Wages and Commensurate Wages under Section 14\(c\) of the FLSA](#).

- Prevailing Wage Survey
- Alternate Wage Data Source
- SCA Wage Determination

Provide the alternate wage data source used and the prevailing wage provided by that source:

If conducting surveys is not practical, the employer may instead use U.S. Bureau of Labor Statistics (BLS) or private or State employment services data. BLS wage data can be found at www.bls.gov/bls/blswage.htm (e.g., BLS Occupational Employment Survey; BLS Current Population Survey). Data from employment services may only be used to determine prevailing wages if the data provides wage rates of experienced workers not disabled for the work being performed; entry level wage data may not be used.

Description of Work (include job classification code, if known)

Alternate data source used

Prevailing wage provided by source

Date data retrieved

Month Day Year Example: 04 30 2016

Provide the following information for the job or contract identified above:

Provide a current piece rate work measurement or time study for the job/contract reflected in the prevailing wage survey above.

Description of work (e.g. packaging, shrink-wrapping, labeling)

Prevailing Wage Determined for This Job

 rate per hour

Standard Productivity

 units per hour

Piece Rate Paid to Workers

 rate per unit

Attach all documentation of the methods used to determine the standard productivity and the piece rate.

For example:

- detailed task analysis (including quality and quantity measures), and
- productivity of an experienced worker who is not disabled for the work performing the same job (i.e., "standard setter").

Browse

File types accepted: PDF, JPG, PNG

Need to convert a Word or Excel file to PDF? [Follow these instructions](#).

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Application for Authority to Employ Workers with Disabilities at Subminimum Wages

OMB NO: 1235-0001 EXPIRES: 12/31/2019 REV 12/2017

Assurances Application Info Employer Wage Data Work Sites & Employees WIOA

Wage Data

Show Help for All Items Helpful Links

All fields are required unless indicated as optional.

How did the employer pay subminimum wage rates to workers with disabilities in the most recent fiscal quarter?

- Hourly
Piece Rate
Both

How many workers with disabilities received subminimum wages and were paid piece rates during the most recently completed fiscal quarter?

Provide the total number of workers paid on a piece rate basis that resulted in a subminimum wage at any time during the most recently completed fiscal quarter.

Input field for number of workers

What was the job or contract on which the employer employed the largest number of workers who received subminimum wages and were paid piece rates during the most recently completed fiscal quarter?

Identify the job or contract and provide a brief description of the work performed by workers paid subminimum wages (e.g., Gadget disassembly, or Contract No. 000-111 with Widgets Inc.—Hand Assembly of Boxes (28" x 12")).

Name of Job or Contract

Input field for job name

Description of Work Performed on this Job/Contract by Workers Paid Subminimum Wages

Input field for work description

Which method did the employer use to determine the prevailing wage for the job or contract identified above?

For information on prevailing wages, see Fact Sheet #39B: Prevailing Wages and Commensurate Wages under Section 14(c) of the FLSA.

- Prevailing Wage Survey
Alternate Wage Data Source
SCA Wage Determination

Attach the applicable SCA Wage Determination

Browse button and input field for SCA Wage Determination

File types accepted: PDF, JPG, PNG

Need to convert a Word or Excel file to PDF? Follow these instructions.

Provide the following information for the job or contract identified above:

Provide a current piece rate work measurement or time study for the job/contract reflected in the prevailing wage survey above.

Description of work (e.g. packaging, shrink-wrapping, labeling)

Input field for work description

Prevailing Wage Determined for This Job

Input field for rate per hour

Standard Productivity

Input field for units per hour

Piece Rate Paid to Workers

Input field for rate per unit

Attach all documentation of the methods used to determine the standard productivity and the piece rate.

For example:

- detailed task analysis (including quality and quantity measures), and
productivity of an experienced worker who is not disabled for the work performing the same job (i.e., "standard setter").

Browse button and input field for documentation

File types accepted: PDF, JPG, PNG

Need to convert a Word or Excel file to PDF? Follow these instructions.

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Application for Authority to Employ Workers with Disabilities at Subminimum Wages

OMB NO: 1235-0001 EXPIRES: 12/31/2019 REV 12/2017

Assurances Application Info Employer Wage Data Work Sites & Employees WIOA

Work Sites & Employees

Show Help for All Items

All fields are required unless indicated as optional.

What is the total number of establishments and work sites to be covered by this certificate?

Count all work sites, including the main establishment and any branch establishments, off-site work locations, and/or SWEP work sites where the employer is seeking approval to employ workers at subminimum wages.

Main Establishment: The primary location of the employer that files this application on behalf of all its associated work sites. (There can only be one main establishment.)

Branch Establishments: A branch establishment is a physically separate work site that is part of the same organization as the main establishment.

Off-Site Work Location: An off-site work location is a work site typically on the premises of a separate establishment, where workers with disabilities, or a group of workers with disabilities, are placed in work settings along with job coaches (staff of the rehabilitation or work center).

Input field for total number of establishments and work sites.

We'll need to collect information about each worksite and its employees.

1 Add Work Site

2 Add Employees

First we'll collect information about the Establishment / Work Site.

What type of establishment / work site is this?

Main Establishment (ME)

The primary location of the employer that files this application on behalf of all its associated work sites. (There can only be one main establishment.)

Branch Establishment (BR)

A branch establishment is a physically separate work site that is part of the same organization as the main establishment.

Off-site Work Location (OL)

An off-site work location is a work site typically on the premises of a separate establishment, where workers with disabilities, or a group of workers with disabilities, are placed in work settings along with job coaches (staff of the rehabilitation or work center).

School Work Experience Program (SWEP)

A school-operated program in which students with disabilities may be placed in jobs with private industry within the community. School employers are responsible for compliance with all applicable child labor laws, minimum wage standards, and certificate and recordkeeping requirements. The school may submit a group application which covers all students with disabilities and all of the business locations at which the students will be placed.

Name of Establishment / Work Site

Input field for Name of Establishment / Work Site

Address of Establishment / Work Site

Street Address

Input field for Street Address

City

Input field for City

State

Dropdown menu for State

Zip Code

Input field for Zip Code

Is Service Contract Act (SCA)-covered work performed at this establishment / work site?

Yes No

Is work performed at this establishment / work site pursuant to a Federal contract for services or concessions that was entered into on or after January 1, 2015, and may be subject to Executive Order 13658 (Establishing a Minimum Wage for Contractors)?

Yes No

Total number of employees who were employed at this establishment / work site at any time during the most recently completed fiscal quarter and received subminimum wages:

Include workers who were employed for less than the full fiscal quarter, i.e. three-month period.

Input field for total number of employees

Cancel

Next: Add Employee(s)

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Application for Authority to Employ Workers with Disabilities at Subminimum Wages OMB NO: 1235-0001 EXPIRES: 12/31/2019 REV 12/2017

Assurances Application Info Employer Wage Data Work Sites & Employees WIOA

Work Sites & Employees

Show Help for All Items

All fields are required unless indicated as optional.

What is the total number of establishments and work sites to be covered by this certificate?

Count all work sites, including the main establishment and any branch establishments, off-site work locations, and/or SWEPP work sites where the employer is seeking approval to employ workers at subminimum wages.

Input field for total number of establishments and work sites

We'll need to collect information about each worksite and its employees.

1 Add Work Site 2 Add Employees

Work Site Name Total Number of Employees: 15

Information is needed about each specific worker who was employed at this work site at any time during the most recently completed fiscal quarter and received subminimum wages.

Questions? Find help here.

Click here for detailed instructions on the required work information.

Table with 2 columns: Field Name and Description. Fields include Name of worker, Type of work performed, Primary disability, How many jobs, Average # of hours, Average earnings, Prevailing wage rate, Productivity, Commensurate wage rate, Total hours worked, and Does worker perform work for this employer at any other work site?

Add Employee Show Me an Example

Cancel

Save Work Site & Employee(s)

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Section 14(c) Certificate Application

ACME Services, Inc.

Application for Authority to Employ Workers with Disabilities at Subminimum Wage

Assurances Application Info Employer Wage Data Work

Work Sites & Employees

All fields are required unless indicated as optional.

What is the total number of establishments and work sites to be covered by this certificate?

We'll need to collect information about each worksite and its employees.

1 Add Work Site

Work Site Name

Total Number of Employees: 15

Information is needed about each specific worker who was employed at a work site at any time during the most recently completed fiscal quarter received subminimum wages.

[Click here for detailed instructions on the required work information.](#)

Add Employee

[Show Me an Example](#)

Cancel

Add New Employee



[Example One](#) [Example Two](#)

Name of worker

John Jones

Type of work performed (for employees working more than one job, use job employee worked most hours at subminimum wage)

Bolt hand assembly

Primary disability that affects productivity for job described above. Pick only one.

Neuromuscular Disability (NM)

How many jobs did this worker perform at this work site?

3

Average # of hours worked per week on all jobs at this work site

10.15

Average earnings per hour for all jobs at this work site

\$3.00

Prevailing wage rate for job described above

\$10.15

Productivity measure/rating for job described above

n/a - Piece Rate

Commensurate wage rate/average earnings per hour for job described above

\$3.38

Total hours worked for job described above

65

Does worker perform work for this employer at any other work site?

No

Close Example





Section 14(c) Certificate Application

ACME Services, Inc.

Application for Authority to Employ Workers with Disabilities at Subminimum Wage

Assurances Application Info Employer Wage Data Work

Work Sites & Employees

All fields are required unless indicated as optional.

What is the total number of establishments and work sites to be covered by this certificate?

We'll need to collect information about each worksite and its employees.

1 Add Work Site

Work Site Name

Total Number of Employees: 15

Information is needed about each specific worker who was employed at a work site at any time during the most recently completed fiscal quarter received subminimum wages.

[Click here for detailed instructions on the required work information.](#)

Add Employee

[Show Me an Example](#)

Cancel

Add New Employee



[Example One](#) [Example Two](#)

Name of worker

Sue Gomez

Type of work performed (for employees working more than one job, use job employee worked most hours at subminimum wage)

SCA laundry contract

Primary disability that affects productivity for job described above. Pick only one.

Intellectual/Developmental Disability (IDD)

How many jobs did this worker perform at this work site?

1

Average # of hours worked per week on all jobs at this work site

22

Average earnings per hour for all jobs at this work site

\$10.65

Prevailing wage rate for job described above

\$16.42

Productivity measure/rating for job described above

64.80%

Commensurate wage rate/average earnings per hour for job described above

\$10.65

Total hours worked for job described above

22

Does worker perform work for this employer at any other work site?

Yes

Close Example





Section 14(c) Certificate Application

ACME Services, Inc.

Application for Authority to Employ Workers with Disabilities at Subminimum Wage

Assurances Application Info Employer Wage Data Work

Work Sites & Employees

All fields are required unless indicated as optional.

What is the total number of establishments and work sites to be covered by this certificate?

Input field for number of establishments and work sites

We'll need to collect information about each worksite and its employees.

1 Add Work Site

Work Site Name

Total Number of Employees: 15

Information is needed about each specific worker who was employed at this work site at any time during the most recently completed fiscal quarter received subminimum wages.

Click here for detailed instructions on the required work information.

Add Employee

Show Me an Example

Cancel

Add New Employee



Name of worker

Provide the full name of the worker.

Input field for worker name

Type of work performed (for employees working more than one job, use job employee worked most hours at subminimum wage)

Describe the type of work performed by this worker in the job for which the worker worked the most number of hours at a subminimum wage rate.

If the worker performed more than one job at this work site at a subminimum wage, provide the following information for the job for which this worker worked the most number of hours in the most recently completed fiscal quarter.

For example, John Jones performed three jobs over the last quarter: contract for assembling bolts totaling 65 hours, contract for assembling boxes totaling 42 hours, and contract for shredding totaling 25 hours.

Input field for type of work performed

Primary disability that affects productivity for job described above. Pick only one.

Identify the primary disability that affects the worker's productivity for the job identified using the categories provided.

- Intellectual/Developmental Disability (IDD)
Psychiatric Disability (PD)
Visual Impairment (VI)
Hearing Impairment (HI)
Substance Abuse (SA)
Neuromuscular Disability (NM)
Age Related Disability (AR)
Other (OT), please specify:

Input field for other disability

How many jobs did this worker perform at this work site?

If the worker performed more than one job at this work site during the most recently completed fiscal quarter, provide the total number of jobs performed.

Input field for number of jobs

Average # of hours worked per week on all jobs at this work site

Provide the average (mean) number of hours per week the employee worked on all jobs at this work site during the most recently completed fiscal quarter.

Input field for average hours worked

Average earnings per hour for all jobs at this work site

Average earnings are computed by dividing the total earnings of the individual worker by the total number of hours worked during the most recently completed fiscal quarter.

Input field for average earnings

Prevailing wage rate for job described above

Provide the prevailing wage rate for the job identified.

Input field for prevailing wage rate

Productivity measure/rating for job described above

Provide the employee's most recent productivity rating for the job identified. For work paid hourly, the productivity rating is the employee's productivity in proportion to the standard-setter's that was determined by the employee's time study.

- n/a - piece rate
hourly,

Input field for productivity rating

Commensurate wage rate/average earnings per hour for job described above

For work paid hourly, provide the employee's commensurate wage rate per hour for the job identified. This should be the wage rate actually paid to the worker for this job.

Input field for commensurate wage rate

Total hours worked for job described above

Provide the employee's total hours worked on the job identified over the most recently completed fiscal quarter.

Input field for total hours worked

Does worker perform work for this employer at any other work site?

Answer "yes" if the employee also performed work at another work site included with this application. The worker should be listed at each work site where they performed subminimum wage work.

- Yes
No

Save & Add Another Employee

Done Adding Employee(s)





Section 14(c) Certificate Application

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Application for Authority to Employ Workers with Disabilities at Subminimum Wages

OMB NO: 1235-0001 EXPIRES: 12/31/2019 REV 12/2017

- Assurances Application Info Employer Wage Data Work Sites & Employees WIOA

WIOA

Show Help for All Items

All fields are required unless indicated as optional.

Workforce Innovation and Opportunity Act (WIOA)

The Workforce Innovation and Opportunity Act (WIOA) of 2014 added section 511 to the Rehabilitation Act of 1973, 29 U.S.C. 794g. Beginning on July 22, 2016, this section places requirements on all entities that hold a section 14(c) certificate and pay any worker a subminimum wage.

(a) The employer may not employ an individual, regardless of age, at a subminimum wage unless the individual (A) is provided by the appropriate state agency with career counseling, information, and referrals to Federal and State programs and other resources in the individual's geographic area that offer employment-related services and supports designed to enable the individual to explore, discover, experience, and attain competitive integrated employment; and (B) is informed by the employer of self-advocacy, self-determination, and peer mentoring training opportunities available in the individual's geographic area and provided by an entity that does not have any financial interest in the individual's employment outcome.

(b) Before an employer may pay a worker with a disability who is age 24 or younger a subminimum wage, WIOA requires that the employer review, verify, and maintain documentation indicating that the worker has completed the following requirements prior to being paid a subminimum wage: (A) the individual has received pre-employment transition services; and (B) the individual has applied for vocational rehabilitation services and (1a) has been found ineligible for services, or (1b) has been found eligible for services and has an individualized plan for employment, has been working toward an employment outcome specified in his or her plan with appropriate supports and services, and the individual's vocational rehabilitation case is closed, and (2a) the individual has been provided by the appropriate state agency with career counseling, and information and referrals to Federal and State programs and other resources in the individual's geographic area that offer employment-related services and supports designed to enable the individual to explore, discover, experience, and attain competitive integrated employment; and (2b) such counseling and information and referrals are not for employment at a subminimum wage and do not directly result in employment compensated at a subminimum wage by a section 14(c) certificate holder. See 29 U.S.C. 794g(a)(2).

Has the employer reviewed and verified documentation that counseling and referrals have been provided to each worker paid at a subminimum wage, regardless of age, and each has been informed of available training opportunities as required by WIOA?

The employer must verify completion of the WIOA requirements, including by reviewing any relevant documents provided by the individual, every 6 months for the first year of the individual's employment at a subminimum wage, and annually every subsequent year as long as the individual is paid a subminimum wage. See 29 U.S.C. 794g(c) and (e). (If the certificate holder has fewer than 15 employees paid at subminimum wages, the employer may be able to satisfy the requirement for the employer to provide information on self-advocacy, self-determination, and peer mentoring training opportunities by referring the individual, at each required interval, to the appropriate state agency. See 29 U.S.C. 794g(c)(3).)

Select "Yes" if the employer has ensured the required counseling and information has been provided in the appropriate time frames for every employee paid a subminimum wage.

Select "No" if the employer has not ensured the required counseling and information was provided or if the employer has not done so in the appropriate time frames.

- Yes No

Were any workers paid a subminimum wage age 24 or younger?

- Yes No

Please list the name of each worker with a disability who is age 24 or younger and answer yes/no/not required to the following question for each worker listed:

Did the employer review, verify, and maintain documentation showing that the worker received all services and counseling required by WIOA before paying the worker a subminimum wage?

Answer "Yes" if the employer has reviewed, verified, and maintained documentation from the individual showing that the requirements described above have been completed.

Answer "No" if the employer has not verified that these requirements have been completed for this individual or if these requirements have not yet been completed.

Answer "Not Required" if the employer is aware that the individual was employed on July 22, 2016 by this employer or by another entity that held a section 14(c) certificate.

First Name of Worker

Last Name of Worker

Text input field for First Name of Worker

Text input field for Last Name of Worker

Dropdown menu

Cancel

Add Worker

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Review & Submit Application

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Application for Authority to Employ Workers with Disabilities at Subminimum Wages

OMB NO: 1235-0001 EXPIRES: 12/31/2019 REV 12/2017

Assurances Application Info Employer Wage Data Work Sites & Employees WIOA

Review & Submit

We've checked each section to make sure you did not leave any required fields blank. It is your responsibility to make sure that all of the information you provided is complete and accurate; failure to do so may delay the processing of the application or result in the application being denied.

Below is a summary of the results:

Assurances

Looks good!

Review Assurances

Application Info

Looks good!

Review Application Info

Employer

Looks good!

Review Employer

Wage Data

Looks good!

Review Wage Data

Work Sites & Employees

Looks good!

Review Work Sites & Employees

WIOA

Looks good!

Review WIOA

Submit 14(c) Certificate Application

Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The Department of Labor estimates that the public reporting burden for this collection of information will average 50 minutes per response for the initial applicant and 75 minutes per response for the renewal applicant, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is mandatory in order to obtain the authority to pay less than the applicable minimum wage. 29 C.F.R. §§ 525.7-9, 12-13. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, DC 20210 and reference the OMB Control Number.

