



Arkansas Department of Labor APPLICATION FOR STUDENT CERTIFICATE ELIGIBILITY (RE 85% OF ARKANSAS MINIMUM WAGE)

Mail To:
Arkansas Dept of Labor
Labor Standards Section
10421 West Markham
Little Rock, Arkansas 72205-2190
Ph 501-682-4500 fax 501-682-4506

INSTRUCTIONS

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SECTION 1

1. ALL SECTIONS MUST BE COMPLETED BEFORE SUBMITTING THE APPLICATION IF ALL SECTIONS ARE NOT COMPLETED, THE APPLICATION WILL BE DENIED.

2. AS A MEANS OF ESTABLISHING EMPLOYMENT, PLEASE SUBMIT A COPY OF ONE OF THE FOLLOWING:

- a) Verification of enrollment statement issued by the educational institution where student is enrolled on a full time basis;
- b) Letter from school principal verifying employment; or
- c) A notarized copy of school record.

3. The employer must complete Section 3 and sign the application or the application will be denied

NOTE: NO CERTIFICATE WILL BE ISSUED, OR WILL BE CONSIDERED VALID IF ISSUED TO STUDENTS WORKING MORE THAN TWENTY (20) HOURS PER WEEK WHEN SCHOOL IS IN SESSION, OR MORE THAN FORTY (40) HOURS WHEN SCHOOL IS NOT IN SESSION, OR WHO ARE ENROLLED LESS THAN FULL TIME.

STATEMENT of STUDENT (This statement must completed by student)

SECTION 2

I, the undersigned, hereby affirm that I am _____ and my permanent address is
(Print Full Name)

_____, _____, _____, _____
(Street and Number) (City) (State) (Zip Code)

I further certify that am presently enrolled in _____ and
(Name of Educational Institution)

that I attend such educational institution on a full time part time (check one).

I certify that the foregoing statements are true and correct.

(Student's Signature)

(Date)

EMPLOYER INFORMATION (To be completed by employer)

SECTION 3

I, the undersigned, request certification to employ _____ at a wage rate equal to but not less than 85% of the applicable Arkansas Minimum Wage. I hereby certify that I will pay the full Arkansas Minimum Wage for all hours worked in any workweek where this employee works more than twenty (20) hours when school is in session or more than forty (40) hours when school is not in session.

Business Name or Employer: _____

Mailing Address: (Street or P.O.) _____, (City) _____ (State) _____ (Zip) _____

Employers Phone: () _____ - _____

(Signature of Employer or Authorized Agent)

(Print Name of Employer or Authorized Agent)

Proof of enrollment must be submitted with this application. Certificates expire one year from date of issue and must be renewed annually by submitting a new application and proof of enrollment.