

INSTRUCTIONS For FORM WH-2 (Application for Special Industrial Homeworker Certificate) and FORM WH-46 (Application for Certificate to Employ Homeworkers)

Under Section 11(d) of the Fair Labor Standards Act (FLSA), the Secretary of Labor is "authorized to make such regulations and orders regulating, restricting, or prohibiting industrial homework as are necessary or appropriate to prevent the circumvention or evasion of and to safeguard the minimum wage rate prescribe in this Act...." The regulations regarding the employment of homeworkers may be found in 29 CFR Part 530.

Industrial homework, as defined by the regulations, means the production by any person in or about a home, apartment, tenement, or room in a residential establishment of goods for an employer who suffers or permits such production, regardless of the source (whether obtained from an employer or elsewhere) of the material used by the homeworker in such production. An industrial homeworker is any employee employed or suffered or permitted to perform industrial homework for an employer.

Regulations, 29 CFR Part 530, require that employers obtain certificates from the U. S. Department of Labor's Wage and Hour Division authorizing the employment of homeworkers in certain restricted industries before the employment may commence. The seven restricted industries which are listed and defined in the regulations are:

Women's Apparel Industry	Jewelry Manufacturing Industry
Knitted Outerwear Industry	Gloves and Mittens Industry
Handkerchief Manufacturing Industry	Embroideries Industry
Button and Buckle Manufacturing Industry	

Two different types of certificates are issued by the Wage and Hour Division - an individual industrial homeworker certificate which authorizes a specific individual to perform homework in a restricted industry because of certain circumstances impacting that employee's ability to work outside the home; and an employer homeworker certificate that authorizes an employer to employ homeworkers in a particular restricted industry, except women's apparel. No employer homeworker certificates may be issued for the women's

apparel industry.

WH-2 The WH-2 is the application to use when requesting permission to employ an individual industrial homeworker in one of the seven restricted industries who is unable to work in a factory setting because (a) he or she is unable to adjust to such work because of age, or physical or mental disability; (b) he or she is unable to leave home because his or her presence is required to care for an invalid in the home, or (c) he or she will be engaged in industrial homework under the supervision of a State Vocational Rehabilitation Agency. The WH-2 includes a block in which the (potential) homeworker is to explain fully why he or she is unable to work in a factory setting. Another portion of the form requires medical confirmation of the need for the individual to work at home. Please note that the form requires the signatures of the employee, the employer, and a physician.

All homeworker certificate applications are processed at a single location. Completed applications shall be submitted to the following address:

U.S. Department of Labor
Wage and Hour Division
Attention: Homeworker Certification
JFK Federal Building
Room 525
Boston, MA 02003

You may contact that office at (617) 624-6720 with questions regarding the employment of homeworkers in restricted industries and the application and certification processes.

All homeworkers subject to the provisions of the FLSA must be paid in compliance with the minimum wage and overtime provisions of the Act. In addition, records must be maintained in accordance with section 11(c) of the FLSA and Regulations, 29 CFR Part 516. All homeworkers must complete a homeworker handbook in accordance with Regulations, Part 516.31 and shall be instructed to accurately record all hours worked, piece work information, and business related expenses in the handbook. Homeworker Handbooks (Form WH-75) are available in several different languages from the Wage and Hour Division.

**Application for Special Industrial
Homeworker's Certificate**



Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No.: 1215-0005
Expires: 03-31-04

INSTRUCTIONS:

Completion of Form WH-2 is necessary to obtain certificates to employ individual homeworkers in one of the restricted homework industries noted in item 1. below. The information collected is utilized by the Department to determine whether terms and conditions necessary to issue an individual certificate have been met. This is an application form only and not a certificate. Prepare three copies of this form and forward the original to this office. The duplicate is to be kept by the employer and the other copy given to the employee. All questions must be answered in full. The homeworker is to furnish information for Section 1. The employer furnishes information for Section 11. The signature of each is required on the application. Section III, Report of medical Examination, should be completed by a licensed physician.

This report is authorized by Section 11 (d) of the Fair Labor Standards Act. Completion of the form is voluntary. However, failure to provide the information will result in non-issuance of a homeworker certificate and such employment will be in violation of Section 11 (d) of the Fair Labor Standards Act. (See 29 CFR 530)

Section 1. Information To Be Furnished By Homeworker

1. Certificate is requested for employment in the industry checked below:

- | | | | |
|-------------------------------|----------------------------|-----------------------|-----------------|
| Button & Buckle Manufacturing | Gloves and Mittens | Jewelry Manufacturing | Women's Apparel |
| Embroideries | Handkerchief Manufacturing | Knitted Outerwear | |

2. Name (Please print)		3. Address (Street No., Apt. No., if any)	
4. City or Town, State, ZIP Code		5. Age	6. Telephone Number (include Area Code) ()

7. Explain fully why you are unable to work in a factory:

8a. Do you hold a State Homeworker Certificate?	b. If "Yes", name State	c. Expiration date of State Certificate
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I have read the statements in this application and ask that the requested certificate be granted.

Signature of homeworker (if worker cannot write, signature may be made by mark (X) and witnessed by another person)

Signature or mark (X) of homeworker:

Signature of witness (if necessary):

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and -completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Administrator, Wage and Hour Division, Room S-3502, 200 -Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

Section II. Information to be Furnished by Employer

9. Name and Address, including Zip Code of Employer	10. Name of State Vocational Rehabilitation Agency, If Any, Supervising Homeworke's Employment.
11. If work is to be distributed to homeworke from other than above address, enter name and address of firm or individual distributing work.	

I certify that the answers to the above questions are true and correct.

_____ (Print or type name of employer or authorized representative)	_____ (Telephone Number - including Area Code)
_____ (Signature of employer or authorized representative)	_____ (Title)
	_____ (Date)

Section III. Report of Medical Examination

12. Name of person examined: _____

Nature of disability: _____

A	Application to work at home because of inability to work in a factory due to physical disability. How and to what extent does the disability affect the ability of the applicant to undertake work in a factory?
B	Application to work at home due to need to care for an invalid. Does the disability of the invalid warrant care to the extent of prohibiting employment of the applicant away from home? Yes No. If "Yes", explain nature and extent of care required.

13. What is the prognosis? _____

14. Name and address, including ZIP Code, of examining physician (Print or type).	15. Physician's signature
	16. Date