

**APPLICATION FOR WAIVER**  
**FROM PROVISIONS OF LABOR CODE SECTION 1182.14**  
**MINIMUM WAGE SCHEDULES FOR COVERED HEALTH CARE EMPLOYEES AT**  
**CERTAIN HEALTH CARE FACILITIES**

The Department of Industrial Relations and Department of Health Care Access and Information are charged with administering a waiver program for specified covered health care facilities, specifically those described in Labor Code 1182.14(c)(3)(A)(i)-(iv), which would allow a delay of the health care minimum wage requirements applicable to the facility.

The intake application for waiver should be submitted to the Department of Industrial Relations at [HealthcareMinWageWaiver@dir.ca.gov](mailto:HealthcareMinWageWaiver@dir.ca.gov), and the financial documents and declaration for the application materials should be submitted to the Department of Health Care and Access Information at [ClinicWaiverProgram@hcai.ca.gov](mailto:ClinicWaiverProgram@hcai.ca.gov) in the requested format (described below).

Please complete the information requested below and email to [HealthcareMinWageWaiver@dir.ca.gov](mailto:HealthcareMinWageWaiver@dir.ca.gov).

Covered Health Care Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_, California

City

Zip Code

Covered Health Care Entity's CDPH License Type and Number: \_\_\_\_\_

Requester Representative's Name: \_\_\_\_\_

Requester Representative's Contact Information: \_\_\_\_\_

Email

Phone Number

The following facilities are eligible to apply for a Health Care Minimum Wage Waiver. Please check the box to indicate which category the applying health care entity belongs to:

- I. A clinic as defined in subdivision (h) of Section 1206 of the Health and Safety Code, that is not operated by or affiliated with a clinic described in subdivision (b) of Section 1206 of the Health and Safety Code.
- II. A community clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code, and any associated intermittent clinic exempt from licensure under subdivision (h) of Section 1206 of the Health and Safety Code.
- III. A rural health clinic, as defined in paragraph (1) of subdivision (l) of Section 1396(d) of Title 42 of the United States Code, that is not license-exempt.
- IV. An urgent care clinic that is owned by or affiliated with a facility defined in (ii) or (iii).

Please initial to certify understanding of the application requirements for a waiver.

\_\_\_\_\_ The applicant health care facility must submit this intake application to the Department of Industrial Relations with appropriate information and signatures.

\_\_\_\_\_ The applicant health care facility must submit recent audited financial statements for themselves as well as any parent or affiliated company to the Department of Health Care Access and Information in a ADA screen reader accessible format:

- A) Most recent audited financial statements, PLEASE NOTE, if the submission date is within 120 days of the entity's fiscal year end and the audited financial statements have not been completed, the previous year's audited financial statement plus internally prepared financial statements (or draft audit) for the recently ended fiscal year end must be submitted, and
- B) Year-to-date internally prepared financial statements no older than 45 days prior to the date of submission, and
- C) Examined level forecasting with an attestation from an independent Certified Public Accountant demonstrating that compliance with this section would raise doubt about the covered health care facility's and its parent company's ability to maintain a positive cashflow over the next 12 months, and
- D) Calculations from the year-to-date internally prepared financial statements showing that the covered health care facility and its parent company have less than 45 days cash-on-hand and a current ratio of current assets to current liability of one or less.

\_\_\_\_\_ The applicant health care facility must submit a declaration with the financial statements to the Department of Health Care Access and Information verifying the documents contained in the waiver request are true and correct signed by an authorized executive officer of the covered health care facility. A sample declaration form can be found here.

\_\_\_\_\_ The applicant health care facility understands that application materials, including all financial records, will be posted online if a waiver is approved and all submitted application information is subject to the Public Records Act.

\_\_\_\_\_ The applicant health care facility understands if a waiver is issued it must, within 10 days of notice from the Department of Industrial Relations:

- (a) Post a copy of the waiver, including the applicable minimum wage, in a conspicuous location frequented by employees during the hours of the workday.
- (b) Provide to each covered health care employee, a written notice, in the language the covered health care facility normally uses to communicate employment-related information to the covered health care employee, informing the covered health care employee the covered health care facility applied for and received a one-year waiver of the increase of the minimum wage and stating the applicable minimum wage.

The undersigned representative of the applicant hereby declares that all information provided in conjunction with this waiver request and application form is true, correct, and represent the scope of business conducted by the applicant.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name and Title or Position of Authorized Representative  
(Printed)

\_\_\_\_\_  
Signature of Authorized Representative