

Foreign Labor Certification Unit
Alabama State Employment Service
649 Monroe Street, Room 2805
Montgomery, AL 36131

ALABAMA

Indicate reason for request

H-1B RIR
 H-2B Basic
 Schedule B Special Handling

FAX: (334)242-8585

PREVAILING WAGE REQUEST

1. Name of Employer (include doing business as name)		2. Telephone Number () _____	
3. Address (Number, Street, City County, State, ZIP)		4. Ala UC Tax & FEIN Number	
5. Name of Alien			
6. Address Where Alien Will Work			
7. Nature of Employer's Business	8. Alien's Job Title	9. Work Shift	10. Rate of Pay (Entry Required) \$ _____ per _____ (Indicate academic or calendar year)
11. Describe Fully the Job to be Performed Beginning with the Main Duty. (Include whether work is done independently or is closely supervised.)			
12. College Education (Number of Years) College Degree Required(B.S., M.S.,PhD.) _____ Specify Field of Study _____		13. Other Special Requirements	
14. License Required			
15. Experience Required Years _____ Months _____			
16. Title of Alien's Immediate Supervisor		17. Job Title(s) & Number of Workers Supervised by Alien	
18. If occupation is unionized, please indicate Local Union Name and Number below		19. Give name, address and fax number if information is to be sent to anyone other than employer.	

*****Make No Entry in This Section. For Employment Security Agency Use Only*****

Based on Department of Labor regulations and guidelines, it has been determined the employer's rate of pay for the above position:

Meets prevailing wage requirements

Does not meet prevailing wage requirements

Prevailing wage is \$ _____ per _____

OES Code _____ Level _____ or SCA Code _____ (5% variance does not apply)

Determined by _____

_____ Date

OES wage rate is valid through December 31 of current year. SCA wage rate valid for 90 days.