



PREVAILING WAGE REQUEST FORM

1. Employer name and address:	2. City where alien will work:	4. Type of application: <input type="checkbox"/> H-1B Professional <input type="checkbox"/> PERM
6. Job title:	3. Work schedule: _____ Hours per week	5. Job Title of Alien=s Supervisor:
7. No. of workers supervised by position:	8. Nature of business:	9. Basic rate of pay: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year Union: <input type="checkbox"/> Yes <input type="checkbox"/> No Union Name _____
10. Job Description:		
11. Minimum educational requirements:	13. Special requirements:	
12. Minimum experience requirements:		
14. Additional Information which may affect salary:	15. Worker will: <input type="checkbox"/> be closely supervised <input type="checkbox"/> work independently with minimal supervision	

Name and Street Address of Requester:	Telephone Number:	Fax Number:
	e-mail Address:	

DEPARTMENTAL ACTION TO PROVIDE A PREVAILING WAGE DETERMINATION CONTROL NUMBER _____

1. OES/SOC code assigned:	2. OES/SOC title:	3. Skill Level: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Area Level: _____
4. Prevailing wage determined to be: <input type="checkbox"/> The prevailing wage for the job described above is \$ _____ per _____		5. Source: DBA* _____ SCA* _____ OES / SOC _____ Other: _____
6. WDD staff:	7. Phone No.:	8. Date:

THIS PREVAILING WAGE IS VALID FOR FILING APPLICATIONS AND ATTESTATIONS FOR 90 DAYS FROM THE DATE OF THIS RESPONSE.