

PREVAILING WAGE REQUEST

NOTE: IF A UNION NEGOTIATES THE WAGES FOR THIS JOB, CONTACT THE UNION DIRECTLY FOR THE PREVAILING WAGE AND DO NOT USE THIS FORM

Employer's Name: _____.

Address: _____.

Phone: _____.

Location of Job: (If different than employer's address) _____.

Employee's Job Title: _____ Employer's Industry: _____.

Alien's Name: _____.

Job Description: _____.

_____.

Hours Per Week: _____ () Full-Time () Part-Time

Wage Offered: \$ _____ per year.

Education Required: _____ Experience Needed: _____.

Other Special Requirements: _____.

Number and Title of the Workers this Employee will Supervise: None _____.

Gross Annual Sales: \$ _____. (if job is for President, Vice President, Controller or Chief Financial Officer, Director of Marketing, Sale Manager or Restaurant Manager).

Requested by: _____.
(Print Name) (Signature) (Title)

Lawyer's or Agent's Phone # (if any) () _____.

Mailing Address to Return Wage Information: (if different than employer's address).

_____.

IMPORTANT: DO NOT WRITE IN THIS SPACE

DEPARTMENT OF LABOR USE ONLY:

The prevailing Rate of Pay for the above job is: _____.

NOTE: PRDOL can only endorse or validate sources, methodology and results or USDOL wage surveys used in prevailing wage determinations.