

**Return to:**

Bureau of Employment Programs  
Alien Labor Certification - 5211  
112 California Avenue  
Charleston, West Virginia 25305  
Phone: (304) 558-5050 Fax: (304) 558-6446



## PREVAILING WAGE REQUEST

1. Name and Address of Organization Requesting Wage		2. Telephone Number	3. Fax Number
4. Area of Intended Employment	5. Nature of Employer's Business		6. Job Title
7. Classification Title		Pay Grade	8. Is the job opportunity covered by a union contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Local Name: Address:
<i>Complete only if the job opportunity is with a state supported college or university.</i>			
9. Describe Fully the Job to be Performed ( <i>Duties</i> )			
10. State in detail the <b>MINIMUM</b> education, training, and experience for worker to perform satisfactorily the job duties described in Item 9 above.			11. Other Special Requirements
Education	Training	Experience	
<b>STATE EMPLOYMENT SERVICE USE ONLY</b>			
Date of Request	Date Provided		SVP
Code	Title		Provided by:
Prevailing Wage \$ annual	Wage Source OES 1/3/2004		Dauree' E. Coleman

**The Wage rate provided is valid for filing applications and attestations for 90 days from the date of response.**