

Commonwealth of Pennsylvania
Bureau of Workforce Development Partnership
Harrisburg Processing Unit
13th Floor West, Labor and Industry Building
Seventh and Forster Streets
Harrisburg, PA 17121
Phone: (717) 787-5436 Fax: (717) 705-5394
www.dli.state.pa.us Keyword Search: Alien Labor

REQUEST FOR PREVAILING WAGE DETERMINATION

This form is for the use of employers or their designated representatives for all prevailing wage requests. Please complete this form in its entirety. You may provide supplemental information by attachment. Please do not use abbreviations or acronyms. Type or print information on this form and mail it to the address above or fax it to (717) 705-5394.

PLEASE DO NOT SUBMIT DUPLICATE REQUESTS. ALLOW 30 WORKING DAYS FOR PROCESSING.

Full name and address of employer (include County):

Date of Request:

Name and Title of person requesting determination:

Requestor's full address:

Telephone Number:

Fax Number:

Alien's First Name:

Last Name:

Job Title for which prevailing wage is requested:

DOT Title and Code (if known):

Total hours per week: Basic: ; Overtime: Rate of Pay: Basic: per ; Overtime: per

Describe FULLY the job duties to be performed and/or attach the job description:

Indicate wage level of the Job 1, 2, 3 or 4 and provide justification:

State in detail the MINIMUM education, training, and experience required to satisfactory perform the job duties described above.

Education: High School (Yrs), College (Yrs)

College Degree Required (specify):

Major Field of Study:

Training: No. of Yrs.: Months: Type of Training:

Experience: No. of Yrs.: Months: Specify:

Other Special Requirements (License, Certificates, Language, etc.):

Number of workers alien will supervise:

Address where alien will work if different from employer (include County):

NOTE: PLEASE PROVIDE ALL INFORMATION REQUESTED. Applications with incomplete or missing information will be returned **BY MAIL** to obtain the missing information.