



Labor Market Information Division
Wage Research Unit
Submit by FAX to: (916) 262-2500

PREVAILING WAGE REQUEST
(Completion Instructions on Reverse)

For information:
www.labormarketinfo.edd.ca.gov
Phone (916) 262-2321

1. Employer Business Name		2. Job Site Address (Street and City)		3. County of Job Site	
4. Nature of Business Activity		5. <input type="checkbox"/> Non-Profit Research (Attach evidence of Internal Revenue Code research-based tax exemption.) <input type="checkbox"/> Non-Profit Institution of Higher Education		6. Application Type <input type="checkbox"/> Permanent <input type="checkbox"/> H-2B <input type="checkbox"/> H-1B	
7. Worker's Name		8. Job Title of Position Offered		9. Hours/Week	10. Pay and Rate
11. Occupational Title of Worker's Immediate Supervisor		12. Number and Type of Workers Foreign Worker Will Supervise. If none, enter "0."		13. Is the wage subject to union agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach evidence of the agreement and negotiated wage amount.	
14. Job Description. Fully describe the duties of the job offered. The description must begin in this space.					
15. College Degree Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify type of degree and major field of study.		16. Experience Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state minimum years/months. Years Months		17. Training Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state type and years/months.	
18. License Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state type.		19. Other Special Requirements			
20. Attorney or Agent Name, If Applicable		Attorney/Agent Firm Name and Address			
Contact Person Name		Phone		Fax (required for return of determination)	

PREVAILING WAGE DETERMINATION (for SWA use only)

Occupational Code		Occupational Title			
Prevailing Wage	Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	Level	Survey Area		Survey/Wage Source Date
\$					
Wage Data Source <input type="checkbox"/> OES All Industries <input type="checkbox"/> OES EDC <input type="checkbox"/> CBA <input type="checkbox"/> Other					
Validity Period <input type="checkbox"/> The calendar year in which issued <input type="checkbox"/> 90 days from the date of this determination <input type="checkbox"/> Until		SWA Contact /Phone			Determination Date

INSTRUCTIONS FOR COMPLETING THE PREVAILING WAGE REQUEST FORM

Item 1. Employer Business Name. Enter the full name used for legal purposes of the business, firm, organization, or individual who will request labor certification.

Item 2. Job Site Address. The job site address should include the street number, city, state, and ZIP code where the majority of the work will be performed.

Item 3. County of Job Site. Enter the California county where the majority of the work will be performed.

Item 4. Nature of Business Activity. Enter a brief non-technical description, i.e., retail trade, manufacturing, software development, biotechnology, school, financial institution, hospital, community service organization etc.

Item 5. Check the appropriate box to indicate if the business has been granted tax exemption as a non-profit **research organization** or is a Non-profit institution of higher education covered under the American Competitiveness and Workforce Improvement Act.

Item 6. Check the appropriate box to indicate whether this is a Permanent, Temporary/Seasonal H-2B, or H-1B Professional case.

Item 7. Worker's Name. Enter the name or other unique identifier of the foreign worker for whom this prevailing wage form is submitted or "multiple" if the determination will be applied to more than one position.

Item 8. Job Title of Position Offered. Enter the job title or payroll title of the job being offered.

Item 9. Hours/Week. Show the basic hours of work required on a weekly basis so that a standard workweek can be established for the job.

Item 10. Pay and Rate. Enter the basic guaranteed rate of pay offered for the position, such as \$15.00 per hour, \$2,500 per month, or \$37,500 per year.

Item 11. Occupational Title of Worker's Immediate Supervisor. State the working or functional title of the foreign worker's supervisor.

Item 12. Number and Type of Workers Foreign Worker Will Supervise. If this is a supervisory position, enter the number and type of workers, e.g. "engineering staff," "clerical staff," "nursing assistants," etc. the worker will supervise. If none, enter "0."

Item 13. Indicate whether or not the wage for the position is subject to a collective bargaining agreement. If so, submit sufficient documentation with the prevailing wage request to identify the parties to the agreement, the period covered by the agreement, and the negotiated wage amount corresponding to the requirements for the position offered.

Item 14. Job Description. The Department of Labor requires that the description begin on the form.

Fill in the space provided on the form before continuing on an attachment. The form will be returned without a wage if this requirement is not met.

Fully describe the actual duties of the job offered. The job description must not be copied verbatim from any source. Actual duties of the job offered are necessary to appropriately classify the job and determine the correct prevailing wage.

The job will be analyzed and categorized based on the employer's job description. Enough information must be given so that an analyst can determine the occupational category and the skill level within that category. Work tasks, work activities, equipment used, work environment, working conditions, complexity of the job duties, level of judgment and understanding required to perform the job, amount and nature of supervision received, and supervisory responsibilities are the elements considered in defining the job's occupational category, skill level and, eventually, prevailing wage rate for the labor market area.

For jobs requiring supervisory duties, describe the activities the worker will supervise, the extent and authority to hire, fire, train, schedule, and evaluate. If applicable, quantify the amount of time the supervisor will spend performing work duties similar to the workers supervised.

Item 15. Indicate whether or not a college degree is required and state the type of degree (e.g. AA, BS, MS, PhD, Etc.) and field of study.

Item 16. Indicate whether or not experience in the job is required and state the minimum amount of experience required in years and/or months. **Do not describe alternative or ranges of requirements.**

Item 17. Indicate whether or not specific training is required and state the type and amount of training in years and/or months

Item 18. Indicate whether or not a license is required for the position and state the type of license required.

Item 19. Describe any special requirements for a worker to satisfactorily perform the duties described.

Item 20. Attorney or Agent Name. Enter the name of the employer's attorney or agent if represented and the name and the telephone number of the person who should be contacted if questions arise. Enter the FAX number to which the completed wage determination should be sent.

**SUBMIT THE COMPLETED REQUEST BY FAX TO:
(916) 262-2500**