



EDD/Labor Market Information Division
Occupational Survey Group /Wage Research Unit
FAX (916) 262-2500

For forms or information:
http://www.calmis.ca.gov
Phone (916) 262-2321

PREVAILING WAGE REQUEST FORM

PLEASE DO NOT SUBMIT DUPLICATE REQUESTS. ALLOW 14 WORKING DAYS FOR PROCESSING.

If the job is covered by a collective bargaining/union agreement, use the contract wage and do not submit this Prevailing Wage Request Form.

1. Employer's Business Name _____ Nonprofit Research Institution of Higher Education
 2. Worker's Name/Identifier (optional) _____ 3. Case type Permanent **OR** H-1B Professional
 4. Job Site Address (Number, Street, City, State, Zip Code) _____
 5. **County** of Job Site (Where Majority of Work Will Be Performed) _____

6. Nature of Employer's Business Activity	7. Job Title of Position to Be Filled	8. Basic Hours/Week	9. Basic Pay Rate \$ _____ Per
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10. Describe in detail the **specific duties of the job offered**. *Do not use an SOC or DOT job description*. The description **MUST BEGIN IN THIS SPACE**. It may be continued on an attachment **ONLY** after filling the space provided below.

11. Job Title of Worker's Immediate Supervisor	12. Number of People Worker Will Supervise (If none, enter "0")
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13. **State in detail** the MINIMUM qualifications for a worker to perform the job satisfactorily including the type of degree, major field of study, and amount of experience required. If none are required, state **"No specific education required"** and/or **"No experience required."**

14. Requester _____
 Address _____
 Contact Person _____ Phone () _____ Fax () _____

PREVAILING WAGE DETERMINATION - (for Department use only)

Prevailing wage for the job described above \$ _____ per hour year Skill Level _____ Survey Date _____
 Occupational Code _____ Title _____
 Survey Source: FLC/OES ALL FLC/OES EDC SCA Davis Bacon Other _____
 Survey Area _____ Local Expanded (to contiguous counties) State U.S.

This Wage is Valid for the calendar year in which issued 90 days from the date of this response **OR Until _____**

Research Analyst _____ Phone (916) 262- _____ Date _____

IF YOU INTEND TO FILE A PERMANENT FOREIGN LABOR CERTIFICATION APPLICATION FOR THIS POSITION, INCLUDE THIS COMPLETED PREVAILING WAGE REQUEST/DETERMINATION WITH YOUR APPLICATION TO EDD'S FOREIGN LABOR CERTIFICATION OFFICE.

ITEMIZED INSTRUCTIONS FOR COMPLETING THE PREVAILING WAGE REQUEST FORM

(To be completed by Employer or Employer Representative)

If the job is unionized and/or covered by a negotiated wage, use the negotiated wage and **do not** complete this Prevailing Wage Request Form.

- Item 1.** *Employer's Business Name.* Enter full name of business, firm, organization, or if an individual; enter name used for legal purposes on documents for worksite employer.
- Item 2.** *Worker's Name.* Enter the name of the foreign worker for whom this prevailing wage form is submitted or enter a file, case, or position number for tracking purposes.
- Item 3.** Check the appropriate box to indicate if this is an H-1B Professional or a Permanent case.
- Item 4.** *Job Site Address.* The job site address should include the street number, city, state, and ZIP code.
- Item 5.** *Job Site County.* Enter the county where the majority of the work will be performed.
- Item 6.** *Nature of the Employer's Business Activity.* Enter a brief non-technical description, i.e., retail trade, software industry, biotechnology, university, financial institution, hospital, community service organization.
- Item 7.** *Job Title of Position to Be Filled.* Enter the job title or payroll title of the job being offered.
- Item 8.** *Basic 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 9.** *Basic Pay Rate.* Enter a guaranteed basic rate of pay (exclude overtime) and the unit of pay, such as \$15.00 per hour, \$2,500 per month, or \$37,500 per year. The wage offered may include commissions, but not bonuses, or other incentives, unless the employer guarantees a wage paid on a weekly, biweekly, or monthly basis. (Completion of this item is optional.)
- Item 10.** *Describe in detail the specific duties of the job offered.* Enough information must be given so that the Wage Analyst can determine the occupational category and the skill level within that category. Equipment used, working conditions, degree of supervision, or supervisory responsibilities are just some of the job factors considered in defining the job's occupational category and, eventually, prevailing wage rate for the labor market area.
- List the job duties by order of importance, beginning with the most important first.
- For example: "Tests and analyzes chemical properties of raw materials or manufactured products for conformance to plant standards; conducts controlled experiments for the purpose of devising new production methods..."
- Indicate the skill level (complexity) and degree of supervision required in order to perform the job duties and responsibilities.
- For example: "Performs a variety of routine tasks designed to provide experience in the employer's

methods and procedures; assists staff performing tasks requiring more skills; works under close supervision and receives specific instructions..." (beginning level employees); or "Plans and conducts work independently; uses advanced skills and knowledge to solve complex problems; supervises or directs beginning level staff..." (fully competent employees).

For jobs requiring supervisory duties, describe the activities the position will supervise, the numbers and occupations of the workers supervised, 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.

For example: "Supervises five Lead Software Engineers and their project teams in the development of different aspects of a new network software..." or "Supervises a clerical group of 20 workers in a payroll unit, employee benefits, and customer relations, including three workers with lead responsibilities..."

The job description should not be a verbatim copy from the Standard Occupational Classification (SOC) system or any other source. The job will be analyzed and categorized, based on the employer's job description.

IMPORTANT: The description must begin on the form. Fill in the space provided on the form before continuing on an attachment. This is required by the Department of Labor. The form will be returned without a wage if this requirement is not met.

- Item 11.** *Job Title of Worker's Immediate Supervisor.* State the title of the foreign worker's supervisor.
- Item 12.** *Number of People the Worker Will Supervise.* If this is a supervisory position, enter the number of people the worker will supervise. If none, enter '0'.
- Item 13.** *MINIMUM Qualifications.* State in detail the required education, including the type of degree and field of study, training, and amount of experience; also include other special requirements for any worker to perform satisfactorily the job duties described in Item 10. Identify licensing or certification needed.
- Do not include restrictive requirements which are not actual business necessities for performance of the job and which would limit consideration of otherwise qualified US workers.
- If no education and/or experience is required, enter "No Education and/or Experience Required."
- Item 14.** *Name of Requester.* Enter the employer or employer representative's name, as well as **the name of the person who should be contacted** if questions arise, telephone number, FAX number, and complete mailing address.