

PREVAILING WAGE REQUEST FORM FOR H-1 B PROFESSIONALS

Company name _____
Name of alien _____
Address where alien will work _____

Total # of employees _____ Total # alien will supervise _____
Title(s) of alien's subordinates _____
Title of alien's immediate supervisor _____
Alien's job title _____
Hours alien will work (per week) _____ Salary _____ Per _____
Nature of employer's business _____ Nonprofit (Y/N) _____
Gross annual revenue/sales _____
Is this a union job? _____ (If yes, attach cover page & salary schedule from current contract)
Is this a renewal? _____ (If yes, attach previous determination)
Optional DOT _____

Description of Job Duties (stating most important first). (If more space is needed, attach page.)

EDUCATION (MINIMUM REQUIRED FOR JOB) EXPERIENCE
Degree required _____ Major _____ Years _____ Months _____

Specialty _____
License required _____

RETURN FORM TO: _____
PHONE: _____ FAX: _____

-----**DO NOT WRITE BELOW THIS LINE**-----

The prevailing wage is \$ _____ Per _____ DOT CODE _____ AREA _____
Source: _____ OES Survey _____ Service Contract Area Code _____ Occupation Code _____
Occupation: _____

This determination is valid for 90 days from _____ Wage Analyst _____