

PREVAILING WAGE REQUEST FORM

H-2A,B **H-1B Labor Condition Application** **Labor Certification**

Arizona Department of Economic Security • AEC Prevailing Wage Unit • Site Code 730A
PO Box 6123 • Phoenix, AZ 85005 • Phone (602) 495-1861 • Fax (602) 252-2652
Please type or print clearly

1) EMPLOYER NAME				2) TELEPHONE (Include Area Code)			
3) EMPLOYER ADDRESS (Number, Street, City, County, State, Zip)							
4) NAME OF ALIEN							
5) ADDRESS WHERE ALIEN WILL WORK (if different from Item 3)							
6) NATURE OF EMPLOYER'S BUSINESS ACTIVITY OR INDUSTRY			7) JOB TITLE		8) DOT OCCUPATIONAL CODE		
9) HOURS PER WEEK	10) WORK HOURS	11) RATE OF PAY \$ per	12) STATE LICENSE REQUIRED	13) NO. EMPLOYEES SUPERVISED	14) UNIONIZED (YES OR NO)		
15) DESCRIBE FULLY THE JOB DUTIES TO BE PERFORMED							
16) COLLEGE DEGREE REQUIRED (Specify) MAJOR FIELD OF STUDY:			17) MINIMUM EXPERIENCE REQUIRED				
18) OTHER SPECIAL REQUIREMENTS							
19) NAME OF REQUESTOR (and address where information is to be sent if other than above address)							
Phone (with area code):			Fax (with area code):				
FOR DES/AEC USE ONLY:							
SWA CASE NO.:							

Fax completed form to **(602) 542-2110** or e-mail to **+E&TSpecProg@azdes.gov**

ITEMIZED INSTRUCTIONS FOR COMPLETING PREVAILING WAGE REQUEST FORM

TO BE COMPLETED BY EMPLOYER OR EMPLOYER REPRESENTATIVE

Please identify the type of application/attestation in the heading of the page.

- 1) **Name of Employer.** Enter full name of business, firm, organization, or if an individual, enter name used for legal purposes on documents.
- 2) **Telephone.** Enter complete number of employer including area code.
- 3) **Employer Address.** Enter the address of the home office of the company.
- 4) **Name of Alien.** Enter the complete name for which the application/attestation will be filed.
- 5) **Address Where Alien Will Work.** This is to be completed if different than the company home office address.
- 6) **Nature of Employer's Business Activity or Industry.** Enter Standard Industrial Classification (SIC) Code or a brief non-technical description, i.e. retail trade, software industry, biotechnology, university, financial institution, hospital, city, state or federal government, and community service organization, including for profit and non-profit status.
- 7) **Job Title.** Enter the common name or payroll title of the job being offered.
- 8) **DOT Occupational Code (H-1B Applications only).** Enter the two- or three-digit occupational group code. See Attachment A.
- 9) **Hours Per Week.** Enter the basic number of work hours required on a weekly basis so that the standard work week can be established for the job.
- 10) **Work Hours.** Enter the daily hours, start and ending time, the employee is expected to work.
- 11) **Rate of Pay.** Enter a guaranteed basic rate of pay and the unit of pay, such as \$15.00 per hour, \$2,500 per month or \$37,500 per year. The wage offered cannot be based on commission, bonuses, or other incentives, unless the employer guarantees a wage paid on a weekly, biweekly, or monthly basis. Only the minimum amount guaranteed to the employee can be reported.
- 12) **State License Required.** Enter the type of license required. If none is required indicate "None" or "N/A".
- 13) **No. of Employees Supervised.** Enter the number of employees supervised. If no employees are to be supervised, enter "None" or "N/A".
- 14) **Unionized.** Indicate "yes" or "no" as applicable.
- 15) **Describe Fully the Job Duties to be Performed.** Describe the duties of the job by starting with the most important one first. In describing what the worker does, care must be given to use the appropriate action verbs. These are necessary for the Wage Analyst to define a skill level within the job's occupational category, if appropriate. 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, the prevailing wage rate for the labor market area.

The complexity of the job duties required should be reflected in the action verbs and objects of these verbs.
- 16) **College Degree Required.** Enter the type of college degree required such as, AA, BS, BA, MS, MSEE, Ph.D., etc. Also specify the major field of study, i.e. Computer Science, Aerospace Engineering, Education, Speech and Hearing Science, Marketing, etc.
- 17) **Minimum Experience Required.** State in detail the MINIMUM experience requirements for any worker to perform satisfactorily the job duties described in Item 14.
- 18) **Other Special Requirements.** Identify any special requirements related to the job duties. Examples: read, write, speak a foreign language . . . must be eligible for State Civil Engineer license . . . 3 months experience using WordStar program . . . etc.
- 19) **Name of Requester.** Enter the employer or employer representative requesting the prevailing wage determination. This includes the requester's name, telephone number, FAX number, and complete mailing address (if other than identified in Item 3).

SESA CASE NUMBER. To be filled out by the State Employment Security Agency only. In Arizona, this is the DES Alien Employment Certification, Prevailing Wage Unit.

H-1B Labor Condition Applications (LCAs) for the State of Arizona

H-1B Application Forms and Questions

Requests for forms, any questions and completed H-1B Labor Condition Applications (LCAs, form ETA 9035) contact:

Chief Certifying Officer (415) 975-4601 Phone
U.S. Department of Labor (415) 975-4660 FAX
Employment & Training Administration
ATTN: 9TGRC
P.O. Box 193767
San Francisco, CA 94119-3767

*Requests for information packets must
be IN WRITING and can be mailed or faxed.*

NEW AUTOMATED LCA FAX-IN/FAX-OUT SYSTEM/WEBSITE ADDRESS

The U.S. Department of Labor has implemented an additional LCA processing method. This is proving successful in significantly reducing the waiting times for responses to LCA submission. The Form Filler Program and Instructions are available via download from the Internet, by E-Mail or Floppy Disk.

- **INTERNET:** Point your browser to (enter the URL for) the ETA Region VIII Economic Data Center at <http://edc.dws.state.ut.us>. The Form Filler Program and Instructions may be downloaded directly to your computer.
- **E-MAIL:** E-mail at LCAFAX@doleta.gov. Put 'LCA Pilot Test Start' in the subject line. You will receive the Form Filler Program and Instructions by return E-MAIL.
- **FLOPPY DISK:** Fax a request to (202) 208-5844 or call (202) 219-5167 ext. 118 and leave your name and complete mailing address. You will receive the Form Filler Program and Instructions by return mail.

Prevailing Wage Determination Requests and Forms

For prevailing wage determination information and forms for H-1B LCAs (including the ETA 9035 forms), contact:

Arizona Department of Economic Security (602) 495-1861 Phone
Employment Security Administration (602) 252-2652 FAX
Alien Employment Certification Unit
P.O. Box 6123
Phoenix, Arizona 85005-6123

*The actual prevailing wage determination request
must be IN WRITING, and can be mailed or faxed.*

Registered Nurses

Employers who wish to petition for foreign registered nurses on a **temporary** basis can utilize the **H-1B** classification for specialty workers. The AEC Wage Determination Unit will process any **H-1B** wage determination request submitted on behalf of registered nurses.

If employers wish to petition for a registered nurse on a **permanent** basis, they can directly file with the Immigration and Naturalization Services (INS) under the Schedule A provisions of the Immigration Act (ETA 750 forms which must be filed with the necessary INS forms, can be obtained from the DES Alien Employment Certification (AEC) Unit). **A wage determination is not necessary for permanent nursing applications.**