

STATE OF ARKANSAS

Date of Request _____

**EMPLOYMENT SECURITY DEPARTMENT
PREVAILING WAGE REQUEST FORM**

EMPLOYER NAME, ADDRESS, CITY, STATE, ZIP, FAX AND BUSINESS TELEPHONE NUMBER, NAME & TITLE OF CONTACT PERSON			
NATURE OF EMPLOYER'S BUSINESS ACTIVITY	TITLE OF JOB BEING FILED	# OF BASIC HOURS PER WEEK	BASIC RATE OF PAY OFFERED
DESCRIPTION OF JOB DUTIES			
ADDRESS WHERE WORK WILL BE PERFORMED (CITY/COUNTY)	MINIMUM EDUCATION REQUIRED (DEGREE & FIELD OF STUDY)	LICENSE REQUIRED	MINIMUM EXPERIENCE REQUIRED
LEVEL OF SUPERVISION REQUIRED FOR THIS POSITION		NUMBER OF EMPLOYEES SUPERVISED BY THIS POSITION	
REQUESTOR NAME, ADDRESS, CITY, STATE, ZIP, FAX AND BUSINESS TELEPHONE NUMBER, NAME & TITLE OF CONTACT PERSON			

Forward Request To: Arkansas Employment Security Department
 Attn: John Newkirk / Prevailing Wage Specialist
 P.O. Box 2981
 Little Rock, AR 72203

Fax Request To: 501-683-2371

E-mail Requests to: John.newkirk@aesd.arkansas.gov

Questions regarding certification should be addressed to the Alien Labor Certification Coordinator at (501) 682-3129.
 Questions regarding a prevailing wage should be addressed to the Prevailing Wage Specialist at (501) 683-2372.

The Prevailing Wage for the position is \$ _____ per year or \$ _____ per hour.	
Survey Used:	
<input type="checkbox"/> Service Contract Act	<input type="checkbox"/> Davis Bacon Act
<input type="checkbox"/> Union Wage	<input type="checkbox"/> OES
<input type="checkbox"/> Other	
DOT Code _____	DOT Title _____
<p>Prevailing wage determinations are made in accordance with Federal Regulations and based on the best information available at the time of the request. This information is valid for use in filing applications and attestations for a period of one (1) year from the date of this response.</p>	
Date of Response _____	Occupational-Career Information