





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

**PREVAILING WAGE REQUEST**  
(Completion Instructions on Reverse)

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

1. Employer Business Name		2. Job Site Address		3. County of Job Site	
4. Nature of Business Activity		5. <input type="checkbox"/> Non-Profit Research (Attach evidence of Internal Revenue Code tax exemption.) <input type="checkbox"/> Institution of Higher Education		6. Application Type <input type="checkbox"/> Permanent <input type="checkbox"/> H-1B	
7. Worker's Name (Optional if H-1B)		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 negotiated wage amount.	
14. Job Description. Fully describe the duties of the job offered. The description <b>must begin in this space.</b>					
15. College Degree Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify type and major field of study.		16. Experience Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state number of 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. Employer Representative Name		Address			
Contact Person Name		Phone		Fax	

**PREVAILING WAGE DETERMINATION (for SWA use only)**

Occupational Code		Occupational Title			Skill Level
Prevailing Wage \$	Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	Survey Source <input type="checkbox"/> OES All Industries <input type="checkbox"/> OES EDC <input type="checkbox"/> Other			
Survey Date		Survey Area <input type="checkbox"/> Local <input type="checkbox"/> Expanded <input type="checkbox"/> State <input type="checkbox"/> U.S.			
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					
Research Analyst			Phone		Date

## INSTRUCTIONS FOR COMPLETING THE PREVAILING WAGE REQUEST FORM

(If completing this request on a personal computer, use the tab key or mouse to move from item to item.)

**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 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.

**Item 5.** Check the appropriate box to indicate if the business is a non-profit research organization or an institution of higher education.

**Item 6.** Check the appropriate box to indicate whether this is a Permanent or an H-1B Professional case.

**Item 7. Worker's Name.** For applications for Permanent Labor certification, enter the name of the foreign worker for whom this prevailing wage form is submitted or enter a unique file, case, or position number for tracking purposes.

**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 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 and, if so, submit evidence of the negotiated wage amount with the prevailing wage request.

**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.

The job description should not be copied verbatim from the Standard Occupational Classification (SOC) system or any other source.

Fully describe the duties of the job offered. 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 and field of study.

**Item 16.** Indicate whether or not experience in the job is required and state the amount of experience required in years and/or months.

**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. Other Special Requirements.** Describe any special requirements for any worker to satisfactorily perform the duties described in item 14.

**Item 20. Employer Representative Name.** Enter the name of the employer's representative, the name of the person who should be contacted if questions arise and the telephone number, FAX number, and complete mailing address.

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