U.S. DOL Form dol-swa-illinois-pwd

Illinois Department of Employment Security

33 South State Street, Chicago, Illinois 60603

www.ides.state.il.us

PLEASE TYPE OR PRINT

NAME AND ADDRESS OF PERSON REQUESTING WAGE:

_____

_____

_____

FAX NO: _____

PHONE NO: _____

REPLY REQUESTED BY: FAX ☐ MAIL ☐

ALIEN CERTIFICATION UNIT
REQUEST FOR PREVAILING WAGE STATEMENT

YOUR REQUEST MAY BE MAILED OR FAXED TO US.

OUR FAX NUMBER:

(312) 793-5151

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

PLEASE INDICATE STATE OF ILLINOIS CASE NUMBER IF ONE EXISTS. V-IL _____

CITY, COUNTY, STATE Where Alien will Work:		PLEASE PROVIDE ALL INFORMATION REQUESTED Applications lacking information will be returned **BY MAIL** to obtain missing information.				
NATURE OF EMPLOYER'S BUSINESS	JOB TITLE	Total Hours Per Week a. Basic	 b. Overtime	Work Schedule (Hourly) a.m. p.m.	Rate of Pay a. Basic $ per	 b. Overtime $ per hour

DESCRIBE FULLY THE JOB TO BE PERFORMED:

SUGGESTED DOT _____ SUGGESTED OES/SOC _____

STATE IN DETAIL THE MINIMUM EDUCATION, TRAINING & EXPERIENCE REQUIRED

EDUCATION *(Enter number of years)*	Grade	High	College	College Degree Required	OTHER SPECIAL REQUIREMENTS:
				Major Field of Study	
TRAINING	No. Yrs.		No. Mos.	Type of Training	
EXPERIENCE	Job Offered Yrs. / Mos.		Related Occupation Yrs. / Mos.	Related Occupation *(specify)*	NUMBER OF OTHER EMPLOYEES TO BE SUPERVISED (*if any*):

O R

This rate is valid for the calendar year in which issued.

The prevailing wage for the above occupation in the area indicated
IS: $ PER DATE

_____ _____
D.O.T. Code Wage Source

OES/SOC Code _____

(Rev. 08/02)

IDES Prevailing Wage Specialist
Bert Grunnet
(312) 793-6833