

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
ALIEN LABOR CERTIFICATION UNIT
10 N. SENATE AVENUE, INDIANAPOLIS, INDIANA 46204-2277
PHONE: (317) 232-7187
FAX: (317) 233-1884

REQUEST FOR PREVAILING WAGE

PLEASE NOTE: This information is for purposes of **PREVAILING WAGE** determination for Labor Attestation **ONLY** and shall not be construed as acceptance of any of the information as appropriate for Permanent Labor Certification Applications. **PLEASE PROVIDE ALL INFORMATION REQUESTED.** Application lacking information will be returned **BY MAIL** to obtain missing information.

1. Name and address of person requesting wage:

PLEASE CHECK ONE:

H-1B Professional
 H-1A Nurse

2. FAX No.: () _____

3. Telephone No.: () _____

4. Reply requested by: FAX Mail

5. City and county of employment: _____
City County

If college or university staff, please indicate discipline or school: _____

6. Nature of employer's business activity _____

7. Job title _____

8. Total hours per week: a. Basic _____ b. Overtime _____

9. Hourly work schedule: _____ a.m. _____ p.m.

10. Occupational Code from D.O.T. (optional): _ _ _ _ _

11. Describe fully the job to be performed (duties) _____

12. State in detail the **MINIMUM** education, training, and experience for a worker to perform satisfactorily the job duties above in item 11.

EDUCATION: (enter number of years)

Grade School High School College College Degree required (specify) Major Field of Study

TRAINING:

Number of Years Number of Months Type of Training

EXPERIENCE: Job Offered

Years Months Related Job Years Months Job Title

13. Other special requirements: _____

14. Occupational title of person who will be alien's immediate supervisor _____

15. Number of employees alien will supervise _____

The prevailing wage for the above occupation in the area indicated is \$ _____ per _____

Date: _____

THIS DETERMINATION IS VALID FOR APPLICATIONS AND ATTESTATIONS FOR A PERIOD OF 90 DAYS FROM THIS DATE.