



# REQUEST FOR PREVAILING WAGE FORM

Authorized by: Wagner-Peyser Act, as amended

Name of Employer <i>(Full Name of Organization)</i>	Telephone Number ( Area Code )
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Address *(Number, Street, City, State, ZIP Code)*

City and State Where Alien Will Work	Job Title
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Nature of Employer's Business Activity	No. of Employees Alien Will Supervise
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Name and Address of Requestor	Hrs. Per Week	Rate of Pay Offered
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Describe Job Duties to be Performed *(attach pages if necessary)*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State in detail the MINIMUM education, training, and experience required to satisfactorily perform the job duties described above. If None is required, indicate with a Zero. Do not write N/A or Not Applicable.**

<b>EDUCATION</b>	College Degree Required <i>(specify)</i> : _____
Grade School ___ (Yrs.)	_____
High School ___ (Yrs.)	Major of Field Study: _____
College ___ (Yrs.)	_____

<b>TRAINING</b>	No. of Yrs. _____	Months _____	Type of Training _____
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<b>EXPERIENCE</b>	No. of Yrs. _____	Months _____	Specify _____
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**OTHER SPECIAL REQUIREMENTS** (Licenses, Certificates, Language, etc.) \_\_\_\_\_

**TO BE COMPLETED BY THE OCCUPATIONAL RESEARCH UNIT**

The prevailing wage for the job described above is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Official \_\_\_\_\_ Date \_\_\_\_\_