



**REQUEST FOR PREVAILING WAGE DETERMINATION FOR H-1B PETITION**

This form is for the use of employers or their designated representatives. Attorneys must include a copy of their G-28 (Notice of Entry of Appearance as Attorney or Representative). Complete this form in its entirety. You may provide supplemental information by attachment.

**PLEASE do not use abbreviations or acronyms. Type or print information on this form and mail it to the appropriate Foreign Labor Certification (FLC) Processing Unit listed below:**

FLC Wage Determination Bureau of Workforce Development Partnership 13 <sup>th</sup> Floor, Labor and Industry Building 7 <sup>th</sup> and Forster Streets Harrisburg, PA 17121	FLC Wage Determination Bureau of Workforce Development Partnership 300 Liberty Avenue, Room 1307 Pittsburgh, PA 15222-1210
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Date: \_\_\_\_\_

Name and Title of Person Requesting Wage:

Address:

Telephone Number:

Name of Job for which Wage is Requested: \_\_\_\_\_

DOT Title and Code (if known or available): \_\_\_\_\_

Full Name and Address of Employer:

Address Where Alien will Work if Different from Above:

Relationship of Work Site to Employer (subsidiary, branch office, client site, etc.):

Nature of Employer's Business Activity (identify the product or service):

Hours Worked: Daily \_\_\_\_\_AM to \_\_\_\_\_ PM; Total Hours Per Week: \_\_\_\_\_; Overtime Hours (if applicable): \_\_\_\_\_

Proposed Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_ Overtime\$ \_\_\_\_\_ per \_\_\_\_\_

Describe **FULLY** the Job Duties to be Performed:

Educational or Degree Requirements (Please be very specific):

Prerequisite Training and/or Experience Requirements (please be very specific and identify any alternatives):

Special Requirements (live at work; foreign language; etc.):

Number of Workers Alien will Supervise and their Job Titles:

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To be Completed by State Agency staff:

The Prevailing Rate of Pay for the Job Described Above is: \$ \_\_\_\_\_ per \_\_\_\_\_

Source of Wage Determination: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

This Wage Determination is Valid for 90 Days.