



**Please Return to**  
 Virginia Employment  
 Commission  
 Alien Certification Unit  
 3751 Nine Mile Road  
 Suite C  
 Richmond, VA 23223  
 (804) 236-2708  
 Fax (804) 236-2709  
 TDD (804) 371-8050

COMMONWEALTH OF VIRGINIA



**Please check one:**

- Permanent
- H-1B
- H-2B

**PREVAILING WAGE REQUEST FORM**  
**ALIEN EMPLOYMENT CERTIFICATION**

**If the job is unionized and covered by a negotiated wage, use the negotiated wage and do not complete this Prevailing Wage Request Form.**

1. Name of employer

2. Address where alien will work (including cities (counties) and zip codes)

3. Nature of employer's business activity	4. Job title	5. If the employer's business activity is "Construction," check types: <input type="radio"/> Residential <input type="radio"/> Heavy <input type="radio"/> Commercial <input type="radio"/> Highway
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6. Describe fully the job duties to be performed (attach additional sheets if necessary)

7. State in detail the minimum education, training and experience for a worker to perform satisfactorily the job duties described above.

<b>EDUCATION</b> (enter number of years)	Grade school	High school	College	College degree required (specify)	8. Other special requirements/working conditions
	Major field of study				
<b>TRAINING</b>	No. years	No. months	Types of training		
<b>EXPERIENCE</b>	Job offered		Related occupation		Related occupation (specify)
	Yrs.	Mos.	Yrs.	Mos.	

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

10. No. of employees alien will supervise

11. Name of requestor

Telephone

Fax

Address (no., street, city/town, state, zip code)

**DEPARTMENTAL ACTION TO PROVIDE A PREVAILING WAGE DETERMINATION**

Date received	DOT title	DOT code
		OES code

The prevailing wage for the job described above is \_\_\_\_\_ per \_\_\_\_\_. Source \_\_\_\_\_

***This Prevailing Wage is valid for Alien Employment applications received within 90 days from the date of this wage determination.***

Agency official

Date

**ITEMIZED INSTRUCTIONS FOR COMPLETING PREVAILING WAGE REQUEST FORM**  
**(To be completed by Employer or Employer Representative)**

Please check the type of work visa in the upper right corner.

- Item 1.** Enter full name of business, firm, and organization, or an individual, enter name for legal purposes on documents for worksite employer.
- Item 2.** The workplace address should include city (county) and ZIP code. If there are multiple worksites, include the percentage of time the alien is expected to work at each worksite.
- Item 3.** Enter Standard Industrial Classification (SIC) Code or a brief nontechnical description of the employer's business activity, i.e., retail trade, software industry, biotechnology, university, financial institution, hospital, and community service organization, including profit and non-profit status.
- Item 4.** Enter the common name of the payroll title of the job being offered. If known, include the Dictionary of Occupational Titles (DOT) code.
- Item 5.** If the employer's business activity is construction, check type(s).
- Item 6.** Describe the job by using action verbs to explain the tasks to be performed. An employer might want to consult a Dictionary of Occupational Titles to assist in the development of the job description. The DOT contains 12,741 definitions and is available at all libraries that serve repositories for government documents, U.S. Government Printing Office stores, and State Employment Security Agencies. The following guidelines are suggested for employers to use:
- a. Identify the tools, equipment, and machines the worker in the job uses.
  - b. Specify pertinent working conditions.
  - c. Indicate the skill level (complexity) and degree of supervision required to perform the job duties and responsibilities.
  - d. For jobs requiring supervisory duties, the employer needs to describe the activities the employee will supervise. The extent and authority to hire, fire, train, schedule, and evaluate, as well as the numbers and occupations of workers supervised. (A supervisory position is another occupational category and different from the occupational family of the worker supervised. It will be reflected as such and be categorized in a different DOT code.)
- Item 7.** State in detail the minimum education, training, and experience required for this job.
- Item 8.** List any special requirements or working conditions that would affect the rate of pay.
- Item 9.** Enter the occupational title of the alien's immediate supervisor.
- Item 10.** Enter the number of employees the alien will supervise. If none, enter a Zero.
- Item 11.** Enter the employer or employer's representative requesting the prevailing wage determination. This includes the requestor's name, telephone number, fax number and complete mailing address.

**Requests from employer representatives must include Immigration and Naturalization Service (INS) Form G-28 signed by the employer.**

**Determinations will be returned via Fax unless otherwise requested.**