Please Return to:
Virginia Employment Commission
Alien Certification Unit
P.O. Box 1358
Richmond, VA 23218-1358
Phone (804) 786-0200
Fax (804) 786-2340
TDD (804) 371-8050

COMMONWEALTH OF VIRGINIA

Please check one:

❍ Permanent
❍ H-1B
❍ H-2B

PREVAILING WAGE REQUEST FORM

ALIEN EMPLOYMENT CERTIFICATION

If this job is covered by a Collective Bargaining Agreement it must be submitted with this request.

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. Describe fully the job duties to be performed (attach additional sheets if necessary)

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

EDUCATION (enter number of years)	Grade school		High school		College	College degree required (specify)		**7.** Other special requirements/working conditions
						Major field of study		
TRAINING	No. years		No. months		Types of training			
EXPERIENCE	Job offered		Related occupation		Related occupation (specify)			
	Yrs.	Mos.	Yrs.	Mos.				

8. Occupational title of person who will be alien's immediate supervisor		**9.** No. of employees alien will supervise
10. Name of requestor	Telephone	Fax

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

DEPARTMENTAL ACTION TO PROVIDE A PREVAILING WAGE DETERMINATION

O*NET Title	O*NET Code	Tracking #

The **prevailing wage for the job described above is $_____ per _____. Source _____**

❑ **This wage rate is valid for 90 days or,**
❑ **Until_____**

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 of the form.

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 non-technical 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. 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 6. State in detail the minimum education, training, and experience required for this job.

Item 7. List any special requirements or working conditions that would affect the rate of pay.

Item 8. Enter the occupational title of the alien's immediate supervisor.

Item 9. Enter the number of employees the alien will supervise. If none, enter a Zero.

Item 10. 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.

Determinations will be returned via Fax unless otherwise requested.