

Georgia Department of Labor
PREVAILING WAGE REQUEST FORM

NOTE: Completed wage surveys must be submitted with Reduction In Recruitment applications.

Please Return To:
WISA - PW Unit
Suite 300, Courtland Building
148 Andrew Young International Blvd., N. E.
Atlanta, GA 30303-1751
Telephone: (404) 232-3875 Ext. 21287
FAX: (404) 232-3885

YOUR FAX # _____
OR
 MAILING ADDRESS _____
(This information cannot be provided by telephone)

Please Check One:
 H-1B Professionals
 Reduction In Recruitment
This prevailing wage survey is valid only for Reduction In Recruitment (RIR) and H-1B applications.

Please read the instructions carefully before completing this form.

1. Name of Requestor _____ Date _____
Address _____ Telephone No. _____

2. Name of Employer (MANDATORY) _____ Telephone No. _____

3. a. Address Where Alien Will Work (Including Street, City, County and ZIP) _____
b. FEIN _____
c. Alien's Name _____

4. Nature of Employer's Business	5. Title of Job Being Filled	6. Basic Hours Per Week	7. Basic Rate of Pay Offered \$ _____ Per _____
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8. Describe fully the Job Duties to be Performed (Start with the most important duty). You may suggest a DOT code. You must begin Job Description in this block. Use attachment ONLY if necessary.

9. Working Conditions that Affect the Rate of Pay (Including how many workers alien will supervise)

10. State in detail the minimum requirements a new worker must meet to perform this job, not the Alien's qualifications. The following must be included:
Education (Degree/Major Field of Study): _____
Training: _____
Experience: _____
Any other special requirements: _____

DEPARTMENTAL ACTION TO PROVIDE A PREVAILING WAGE DETERMINATION

Request Number _____ SOC Code _____
SOC Title _____ Skill Level _____ SVP: _____

The prevailing wage for the job described above is _____ per _____ and must be used within ninety (90) days from date below.

Source: Davis Bacon Act Service Contract Act O.E.S. (Must pay 100%)

Agency Official _____ Telephone No. (404) 232-3875 Ext. 21287 Date _____