



DEPARTMENT of COMMERCE

PREVAILING WAGE REQUEST

Submit typed form to:

FOREIGN LABOR
CERTIFICATION

1000 S.W. Jackson Street, Suite 100

Topeka, Kansas 66612

Phone: (785) 291-3470

FAX: (785) 291-3512

Please Check One:

H-1B Professional

Permanent/RIR

Other _____

If the job is covered by collective agreement, DO NOT complete this form. The employer must use the negotiated wage.

1. Name of Employer: _____ Telephone Number: _____

2. Address of Employer: _____

City: _____ State: _____ Zip: _____

County: _____

3. Nature of Employer's Business Activity: _____

4. Title of Job Being Filled: _____

5. Basic Hours of Work Per Week: _____

6. Basic Rate of Pay Offered: _____ per _____

7. Describe fully the job duties to be performed (Start with the most important one first)

8. Working conditions that affect the rate of pay

9. State in detail the MINIMUM education (specify degree and major field of study), training, experience, and other special requirements for the job.

10. Name of Requester: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

ATTENTION: Please allow at least 14 days processing time from date of receipt. The determination will be faxed whenever possible.

PREVAILING WAGE DETERMINATION

DOT CODE: _____ DOT TITLE: _____ SVP: _____

The prevailing wage for the job described above is \$ _____ per hours and \$ _____ per week/month/year

SCA Wage OES Wage Survey Other: _____

Agency Official: _____ Date: _____