

State of Nevada

DETR/ESD/Foreign Labor Certification Unit
FAX: (775) 687-1073

For forms or information
sabauder@nvdetr.org
Phone: (775) 684-0406

PREVAILING WAGE REQUEST FORM

PLEASE DO NOT SUBMIT DUPLICATE REQUESTS. ALLOW 14 WORKING DAYS FOR PROCESSING.

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

- 1. Employer's Business Name
2. Alien's Name (optional)
3. Please check one: Permanent Case OR H-1B Professional
4. Job Site Address (Number, Street, City, State, Zip Code)
5. County of Job Site (Where Majority of Work Will Be Performed)

Table with 4 columns: 6. Nature of Employer's Business Activity, 7. Job Title of Position to Be Filled, 8. Basic Hours/Week, 9. Basic Pay Rate (\$ Per)

10. Describe in detail the specific duties of the job offered. Do not use an SOC or DOT job description. The description MUST BEGIN IN THIS SPACE. It may be continued on an attachment ONLY after filling the space provided below.

- TRUE FALSE
Training will be provided as part of the job.
Employee will work under close and direct supervision.
Employee must have state license(s) or professional certification(s) as a condition of employment.

Table with 2 columns: 11. Job Title of Alien's Immediate Supervisor, 12. Number of Workers Alien Will Supervise (If none, enter "0.")

13. State in detail the MINIMUM qualifications for a worker to perform the job satisfactorily including the type of degree, major field of study, and amount of experience required. If none are required, state "No specific education required" and/or "No experience required."

14. Requester:
Address:
Phone: ( ) Fax: ( ) Email:

FAX COMPLETED FORM TO (775) 687-1073 OR EMAIL TO sabauder@nvdetr.org

DEPARTMENTAL ACTION TO PROVIDE A PREVAILING WAGE DETERMINATION - Case #

\$ per is the current prevailing wage for the job described above. Occupational Code:
Occupational Title: Skill Level: ENTRY JOURNEY
Employer UI #: SIC: SVP: YEARS:
Survey Source: OES/SOC SCA Davis Bacon Other Survey Date:
Survey: Local Area Expanded (to contiguous counties) State U.S.
Research Analyst: Date:

THIS WAGE DETERMINATION IS VALID FOR 90 DAYS FROM THE DATE OF THE DETERMINATION

Contact: Steven Bauder Email: sabauder@nvdetr.org Phone: (775) 684-0406

ITEMIZED INSTRUCTIONS FOR COMPLETING THE PREVAILING WAGE REQUEST FORM

(To be completed by Employer or Employer Representative)

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

- Item 1.** *Employer's Business Name.* Enter full name of business, firm, organization, or if an individual, enter name used for legal purposes on documents.
- Item 2.** *Alien's Name.* Enter the name of the alien for whom this prevailing wage form is submitted.
- Item 3.** Check the appropriate box to indicate if this wage request is for an H-1B non-immigrant visa or a Reduction in Recruitment (RIR) application.
- Item 4.** *Job Site Address.* The job site address should include the street number, city, state, and ZIP code.
- Item 5.** *Job Site County.* Enter the county where the majority of the work will be performed.
- Item 6.** *Nature of the Employer's Business Activity.* Enter a brief non-technical description (i.e., retail trade, software industry, biotechnology, university, financial institution, hospital, community service organization) including profit or non-profit status.
- Item 7.** *Job Title of Position to Be Filled.* Enter the job title or payroll title of the job being offered.
- Item 8.** *Basic Hours/Week.* Show the basic hours of work required on a weekly basis so that a standard workweek can be established for the job.
- Item 9.** *Basic Pay Rate.* Enter a guaranteed basic rate of pay (exclude overtime) and the unit of pay, such as \$15.00 per hour, \$2,500 per month, or \$37,500 per year. The wage offered may include commissions, but not bonuses, or other incentives, unless the employer guarantees a wage paid on a weekly, biweekly, or monthly basis.
- Item 10.** *Describe in detail the specific duties of the job offered.* Enough information must be given so that the Wage Analyst can determine the occupational category and the skill level within that category. Equipment used, working conditions, degree of supervision, or supervisory responsibilities are just some of the job factors considered in defining the job's occupational category and, eventually, prevailing wage rate for the labor market area.  
  
List the job duties by order of importance, beginning with the most important first.  
  
For example: "Tests and analyzes chemical properties of raw materials or manufactured products for conformance to plant standards; conducts controlled experiments for the purpose of devising new production methods..."

Indicate the skill level (complexity) and degree of supervision required to perform the job duties and responsibilities.

For jobs requiring supervisory duties, the employer needs to describe the activities the incumbent will supervise, the extent and authority to hire, fire, train, schedule, and evaluate, as well as the numbers and occupations of the workers supervised.

For example: "Supervises five Lead Software Engineers and their project teams in the development of different aspects of a new network software..." or "Supervises a clerical group of 20 workers in a payroll unit, employee benefits, and customer relations, including three workers with lead responsibilities..."

An employer may want to consult the Standard Occupational Classification (SOC) to assist in the development of a job description that can correctly be categorized by a Wage Analyst. The job will be analyzed and categorized, based on the employer's job description. However, the job description should not be a verbatim copy from the SOC or other source.

**IMPORTANT:** The description must begin on the form. Fill in the space provided on the form before continuing on an attachment. This is required by the Department of Labor. The request will be returned without a wage if this requirement is not met.

- Item 11.** *Job Title of Alien's Immediate Supervisor.* State the **title** of the alien's supervisor (NOT THE SUPERVISOR'S NAME).
- Item 12.** *Number of Workers Alien Will Supervise.* If this is a supervisory position, enter the number of people the alien will supervise. If none, enter '0'.
- Item 13.** *MINIMUM Qualifications.* State in detail the required education, including the type of degree and field of study, training, and amount of experience; also include other special requirements for any worker to perform satisfactorily the job duties described in Item 10. Identify licensing or certification needed.  
  
Do not include restrictive requirements which are not actual business necessities for performance of the job and which would limit consideration of otherwise qualified US workers.  
  
If no education and/or experience is required, enter "No Education and/or Experience Required."
- Item 14.** *Name of Requester.* Enter the employer or employer representative requesting the prevailing wage determination. This includes the requester's name, as well as **the name of the person who should be contacted** if questions arise, telephone number, FAX number, and complete mailing address.

The rest of the form is for DEPARTMENTAL ACTION TO PROVIDE A PREVAILING WAGE DETERMINATION.