

# New York State Department of Labor



■ New York State Department of Labor  
 Division of Research & Statistics  
 247 West 54th Street, 4th Floor  
 New York, NY 10019  
 Attention: H-1B

■ DoES Alien Employment Certification Office  
 Post Office Box 703  
 New York, NY 10014-0703  
 Attention: PERM

■ **For H-1B Requests:**  
 Phone: 212-621-9364  
 212-621-9352  
 Fax: 212-621-0898

■ **For Permanent Requests:**  
 Phone: 212-621-9330  
 Fax: 212-621-0432

## PREVAILING WAGE REQUEST

(Completion Instructions on Reverse)

1. Employer Business Name		2. Job Site Address		3. County of Job Site	
4. Nature of Business Activity		5. <input type="checkbox"/> Non-Profit Research <input type="checkbox"/> Institution of Higher Learning		6. Application Type <input type="checkbox"/> Permanent (PERM) <input type="checkbox"/> H-1B	
7. Job Title of Position Offered		8. Standard Occupational Code (SOC) (Optional)		9. Is this a renewal? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach previous determination.	
10. Worker's Name (Optional if H-1B)	11. Number of Employees	12. Hours/Week	13. Rate of Pay		
14. Occupational Title of Worker's Immediate Supervisor		15. Number and Type of Workers Foreign Worker Will Supervise. If none, enter "0".		16. Is the wage subject to union agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach evidence of the negotiated wage amount.	
17. Job Description. Fully describe the duties of the job offered. The description <b>must begin in this space</b> .					
18. College Degree Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify type and major field of study.		19. Experience Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state number of years/months.		20. Training Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state type of training and years/months	
21. License Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state type.		22. Special Skills or Other Requirements			
23. Employer Representative Name		Address			
Contact Person Name		Phone		Fax	

## PREVAILING WAGE DETERMINATION\*

(for SWA use only)

1. SOC/O*NET (OES) Code	2. Area	3. Area Code	4. DOT Code
5. Occupation Title			6. Skill Level
7. Prevailing Wage \$ _____ Per: (Choose only one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year			
8. Prevailing Wage Source (Choose only one.) <input type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> Employer Conducted Survey <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other (Specify) _____ Date _____			
9. Determination Date		10. Expiration Date	
11. Wage Analyst		12. Phone Number	

\*The information provided is to be used to complete the labor condition application (LCA), as appropriate. The employer is not required to submit this form with the application but is **required to retain this document for a period of five years** from the date of filing.

## INSTRUCTIONS FOR COMPLETING THE PREVAILING WAGE REQUEST FORM

(If completing this request on a personal computer, use the tab key or mouse to move from item to item.)

**Item 1. Employer Business Name.** Enter the full name used for legal purposes of the business, firm, organization, or individual who will request labor certification.

**Item 2. Job Site Address.** The job site address should include the street number, city, state, and ZIP code where the majority of the work will be performed.

**Item 3. County of Job Site.** Enter the county where the majority of the work will be performed.

**Item 4. Nature of Business Activity.** Enter a brief nontechnical description, i.e., retail trade, manufacturing, software development, biotechnology, school, financial institution, hospital, community service organization.

**Item 5.** Check the appropriate box to indicate if the business is a non-profit research organization or an institution of higher education.

**Item 6.** Check the appropriate box to indicate whether this is a Permanent or an H-1B Professional case.

**Item 7. Job Title of Position Offered.** Enter the job title or payroll title of the job being offered.

**Item 8. Standard Occupational Code (SOC).** You may enter the Standard Occupational Code (SOC) which you think is appropriate.

**Item 9. Renewal.** If this is a renewal application, attach a copy of the previous determination.

**Item 10. Worker's Name.** For applications for Permanent Labor Certification, enter the name of the foreign worker for whom this prevailing wage form is submitted or enter a unique file, case, or position number for tracking purposes.

**Item 11. Number of Employees.** Enter the number of employees at the location at which the foreign worker will work.

**Item 12. 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 13. Rate of Pay.** Enter the basic guaranteed rate of pay offered for the position, such as \$15.00 per hour, \$2,500 per month, or \$37,500 per year.

**Item 14. Occupational Title of Worker's Immediate Supervisor.** State the working title of the foreign worker's supervisor.

**Item 15. Number and Type of Workers Foreign Worker Will Supervise.** If this is a supervisory position, enter the number and type of workers, e.g. "engineering staff," "clerical staff," "nursing assistants," etc. the worker will supervise. If none, enter "0."

**Item 16.** Indicate whether or not the wage for the position is subject to a collective bargaining agreement and, if so, submit evidence of the negotiated wage amount with the prevailing wage request.

**Item 17. Job Description.** The Department of Labor requires that the description begin on the form. Fill in the space provided on the form before continuing on an attachment. The form will be returned without a wage if this requirement is not met.

The job description should not be copied verbatim from the Standard Occupational Classification (SOC) system or any other source.

Fully describe the duties of the job offered in nontechnical terms. Enough information must be given so that an analyst can determine the occupational category and the skill level within that category. Work tasks, work activities, equipment, tools or computer software used, work environment, working conditions, complexity of the job duties, level of judgment and understanding required to perform the job, amount and nature of supervision received, and supervisory responsibilities are the elements considered in defining the job's occupational category, skill level and, eventually, prevailing wage rate for the labor market area.

For jobs requiring supervisory duties, describe the activities the worker will supervise, the extent and authority to hire, fire, train, schedule, and evaluate. If applicable, quantify the amount of time the supervisor will spend performing work duties similar to the workers supervised.

**Item 18.** Indicate whether or not a college degree is required and state the field of study and type of degree.

**Item 19.** Indicate whether or not experience in the job is required and state the amount of experience required in years and/or months.

**Item 20.** Indicate whether or not specific training is required and state the type and amount of training in years and/or months.

**Item 21.** Indicate whether or not a license is required for the position and state the type of license required.

**Item 22. Other Special Requirements.** A description of any job-related skills or other requirements needed to perform the job offered. Examples of specific skills include: type 45 words per minute, or lift over 40 pounds, or proficiency in computer program languages and/or platforms. Examples of other requirements might be: live on premises, proficiency in a language other than English, Federal or state licenses, certifications such as MCSE or permits.

**Item 23. Employer Representative Name.** Enter the name of the employer's representative, the name of the person who should be contacted if questions arise and the telephone number, FAX number, and complete mailing address.

**SUBMIT COMPLETED H-1B REQUEST(S) BY FAX TO:  
212-621-0898**

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TO: 212-621-0432**