

Prevailing Wage Request Form

Please complete this form, then mail or fax to the address or fax number above.

Please check one: H1-B H2-B PERM

EMPLOYER INFORMATION:

1. Employer Name: _____ Telephone #: _____ Fax #: _____

FOREIGN WORKER INFORMATION

2. Foreign worker's name (Optional): _____

3. Physical address where foreign worker will work: (Street, city, state, zip code)

JOB INFORMATION

4. Nature of employer's business:	5. Title of job being offered:	6. Hours per week:	7. Rate of pay: \$
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8. Please **specifically** describe the job duties, judgment, and level of understanding required to meet the expectations of this position; and the amount and nature of supervision the position will have. (Attach additional sheet if necessary)

EDUCATION

9. College Education (Number of years required for job being offered)	10. College degree required (Specify)	11. Special skills (Licenses, certifications, training, or other)
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EXPERIENCE

12. Job Offered	or	13. Related Occupation	14. Number of employee's foreign worker will supervise
Years		Years	

15. Name of Requestor: _____ Telephone #: _____ Fax #: _____

Address: (Street, city, state, zip code): _____

Maine Department of Labor Prevailing Wage Determination Results:

Area: _____ SOC/O*NET (OES) Code: _____

Occupational (OES) Title: _____ Skill Level: I. II. III. IV.

Prevailing Wage: \$ _____ Hourly \$ _____ Yearly Prevailing Wage Source: _____

Agency Official: _____ Date: _____

This wage determination rate is valid for filing applications and attestations for 90 days from the date of this response. For questions pertaining to prevailing wages, please refer to Revised Policy Guidance issued May 9, 2005 and visit the Foreign Labor Web Site <http://www.foreignlaborcert.doleta.gov/wages.cfm>