

Please Return to:
 Kathy Hajek
 Workforce Programs
 Foreign Labor Certification
 633 17th Street, Suite 700
 Denver, CO 80202
 FAX: 303-318-8930



State of Colorado
Prevailing Wage Request Form
 Department of Labor and Employment
 633 17th Street, Suite 700
 Denver, CO 80202
 303-318-8961

Please Circle:
 - Perm ETA 9089
 - H-1B
 - H-1B1

1. Name of Alien: _____
 (Family name in capital letters; First name in small letters)
2. Name of Employer: _____
 (Full name of organization)
3. Total Number of Employees: _____ 4. Gross Annual Revenue/Sales (*approximately*): _____
5. Address Where Alien Will Work (*Including City, County, and Zip Code*): _____

6. Nature of Employer's Business Activity:	7. Alien's Job Title:	8. Total Hours Per Week: A. Basic: B. Overtime:	9. Work Schedule (Hourly): A.M.: P.M.:	10. Basic Rate of Pay Offered: \$ _____ Per _____
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11. Describe fully the job to be performed (*Duties, if you need more space please attach additional information*):

12. Title of Alien's Immediate Supervisor: _____ 13. Number of Employees Alien will supervise: _____

14. Title of Alien's Subordinates: _____

15. State in detail the MINIMUM education, training, experience, and other special requirements for a worker to perform satisfactorily the job duties described:

EDUCATION				TRAINING		
No. of Years of Education Required:		College Degree Required (<i>specify</i>):		Number of:		Type of Training:
Pre-College	College	Major Field of Study:		Years:	Months:	
EXPERIENCE				Other Special Requirements		
Job Offered		Related Occupation				
Related Occupation (<i>Specify</i>):						
Number of:						
Yrs.	Mos.	Yrs.	Mos.			

16. Employer or Employer's Representative: _____
 Telephone #: (____) _____ Fax#: (____) _____

17. Address of Employer (*if different from #5*) or Employer's Representative (*Number, Street, City, State, and Zip Code*):

DEPARTMENTAL ACTION TO PROVIDE A PREVAILING WAGE DETERMINATION

The prevailing wage for the aforementioned occupation is \$ _____ ONET-SOC Code: _____

The source used for this determination was: _____ Location: _____

Level: _____

Wage Analyst: _____ Date: _____

**Please note that the prevailing wage determination may only be used for filing applications and attestations for at least 90 days or until June 30 2010.