

H-1B Prevailing Wage Request Form

The first step in the H-1B visa application process is the filing of a Prevailing Wage Determination (PWD) with the Department of Labor. An H-1B employer must agree to pay an H-1B nonimmigrant the required wage rate, which is defined as the higher of two figures: the actual wage rate determined by the hiring department or the prevailing wage rates as determined by the Department of Labor. In determining the prevailing wage, the Department of Labor will consider all factors as outlined below.

Please do not leave any of the questions blank. Upon completion, please email this form to Jean Lee at hlee4@stevens.edu.

Applicant Information		
Name:		
Title:		
Position Requirements		
1. Describe the minimum job requirement for the position:		
2. Education and minimum degree required for the position:		
3. Major field of study for the position:		
4. Does the position require a second U.S. diploma/degree?	YES	NO
If yes, indicate diploma/degree and Major and/or fields of study required:		
5. Provide a brief description of the position or proposed activities:		
6. Is training for the job required?	YES	NO
If yes, indicate number of months or experience required:		
If yes, indicate field name of training required:		
7. Is employment experience required for the position?	YES	NO
If yes, number of months or experience required:		
If yes, indicated occupation required:		
8. List special requirements for the position, if any (e.g. special skills, licenses, certificates, certifications, and requirements of the job opportunity):		

Work Location		
1. Will work be preformed in multiple worksites other than Stevens?	YES	NO
If yes, please provide the address for all locations below:		
2. Will travel be required in order to preform the job duties?	YES	NO
If yes, provide details of the travel required (areas, frequency, and nature of travel) below:		

Position Details		
1. Does the position supervise the work of other employees?	YES	NO
If yes, number of employees worker will supervise:		
If yes, level of employees to be supervised:		
2. Is the position covered by a Collection Bargaining Agreement (CBA) ?	YES	NO
3. If not a full-time position, please indicate the number of hours of work per week:		
Attach a copy of the job description in Microsoft Word to include duties to be performs with as much specificity as possible, including the areas/fields and/or products/industries involved.		

Supervisor Information	
Name:	
Complete Title:	
Department:	
Email Address:	
Phone Number:	
Supervisor Attestation:	
I certify that the information provided is, to the best of my knowledge, true and accurate,	
Supervisor Signature: _____	Date: _____