



Prevailing Wage Determination

Presentation of Revised Form ETA-9141:
Application for Prevailing Wage Determination

• April 27, 2021



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Presenters

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Introduction

- The objective of the Form ETA-9141 revisions was to better align information collection requirements with the Department's current regulatory framework, standardize information collection across programs to reduce the employer's time and burden in preparing applications, and promote greater efficiency and transparency in OFLC's review and issuance of prevailing wage determinations.
- The revised ETA-9141 does not include any regulatory changes.
- Proposed date for the revised ETA-9141 will go live to the public on May 3, 2021.



Main Changes in the Revised ETA-9141

- A new section for collection of information from an Attorney or Agent filing the form on behalf of the employer;
- A new section for Alternative Job Requirements for the job opportunity (instead of the current free-text field);
- A new set of questions related to the American Competitiveness and Workforce Improvement Act (ACWIA) provisions for employers to select when claiming ACWIA eligibility; and
- A new *Appendix A, Additional Places of Employment* to provide a standardized collection of additional places of employment, which are currently collected in a free-text field on the form.



Sections A and B

Please read and review the filing instructions carefully before completing the Form ETA-9141. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. For all submissions, either electronic or paper, ALL required fields/items containing an asterisk (*) must be completed as well as any applicable fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Visa Information

1. Indicate the type of visa classification supported by this application (*Write classification symbol*): *

B. Employer Point-of-Contact Information

Important Note: The information contained in this section is for an employee authorized to act on behalf of the employer in labor certification or labor condition application matters. The information in this section must be different from the attorney or agent information listed in Section D, except when an attorney listed in Section D is an employee of the employer.

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) (if applicable) §
4. Contact's job title *		
5. Address 1 *		
6. Address 2		
7. City *	8. State *	9. Postal Code *
10. Country *	11. Province (if applicable) §	
12. Telephone number *	13. Extension (if applicable) §	14. Business E-Mail Address *

Title change in Section B



Section C – Employer Information

C. Employer Information

1. Legal Business Name *		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
4. Address 2		
5. City *	6. State *	7. Postal code *
8. Country *	9. Province (if applicable) §	
10. Telephone number *	11. Extension (if applicable) §	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code *	



Section D – Attorney or Agent

D. Attorney or Agent Information (if applicable)

1. Indicate the type of representation for the employer in the filing of this application * If D.1 is “Attorney” or “Agent” the remainder of this section is required		<input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None	
2. Attorney or Agent’s Last (family) Name §	3. First (given) Name §	4. Middle Name(s) §	
5. Address 1 §			
6. Address 2 <i>(apartment/suite/floor and number)</i>			
7. City §		8. State §	9. Postal Code §
10. Country §		11. Province (if applicable) §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business E-Mail Address §	
15. Law Firm/Business Name §		16. Law Firm/Business FEIN §	

Section D is a new section. In FLAG, depending on which box is selected in D.1, FLAG will display the rest of the questions accordingly.



Section D – Attorney or Agent Information cont.

The attorney/agent information in this Section, specifically the name, telephone number, and email address, must be different from the employer's point of contact information in Section B, except when an attorney listed in this Section is an employee of the employer.

Select an Attorney/Agent profile to populate this section (optional)

-Select-

Populate

D.1. Indicate the type of representation for the employer in the filing of this application * If D.1 is "Attorney" or "Agent" the remainder of this section is required. ?

- Attorney
 Agent
 None

D.2. Attorney or Agent's Last (family) Name * ?

This field is required.

D.3. First (given) Name * ?

This field is required.

In FLAG, if Attorney or Agent is selected, the drop-down boxes will appear for the rest of the information to be completed.



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Section E – Wage Source Information

E. Wage Source Information	
Refer to instructions for all supporting documents required in this section.	
1. Is the employer covered by ACWIA, as described in 20 CFR 656.40(e)(1)? * (Not applicable for H-2B) §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. If “Yes,” identify which ACWIA provision the employer is covered under (choose all that apply): §	
<input type="checkbox"/> (i) Institution of higher education <input type="checkbox"/> (ii) Affiliated or related nonprofit entity connected or associated with an institution of higher education <input type="checkbox"/> (iii) Nonprofit research organization or Governmental research organization	
b. If the employer has previously been determined not covered under ACWIA, does the employer have any reason to believe that its status has changed? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is the position covered by a Professional Sports League Rules or Regulations? §	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the position covered by a Collective Bargaining Agreement (CBA)? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
For non-OES requests, select and fully complete only one of the following: (Davis Bacon Act (DBA) & Service Contract Act (SCA) are not prevailing wage sources for H-2B)	
4. Source Type: § <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Survey	
a. Complete the following if consideration of a survey is requested above. § (If this is a request to use a survey in the H-2B program, Form ETA-9165 must also be completed.)	
(i) Survey name or title: §	
(ii) Survey date of publication or, if not published, date of submission to DOL: §	

D. Wage Processing Information	
1. Is the employer covered by ACWIA? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the position covered by a Collective Bargaining Agreement (CBA)? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the employer requesting consideration of Davis-Bacon (DBA) or McNamara Service Contract (SCA) Acts? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DBA <input type="checkbox"/> SCA
4. Is the employer requesting consideration of a survey in determining the prevailing wage? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. Survey Name: §	
4b. Survey date of publication: §	



Section E – Wage Source Information cont.

1. Is the employer covered by ACWIA, as described in 20 CFR 656.40(e)(1)? * (Not applicable for H-2B)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. If “Yes,” identify which ACWIA provision the employer is covered under (choose all that apply): § <input type="checkbox"/> (i) Institution of higher education <input type="checkbox"/> (ii) Affiliated or related nonprofit entity connected or associated with an institution of higher education <input type="checkbox"/> (iii) Nonprofit research organization or Governmental research organization	
b. If the employer has previously been determined not covered under ACWIA, does the employer have any reason to believe that its status has changed? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is the position covered by a Professional Sports League Rules or Regulations? §	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the position covered by a Collective Bargaining Agreement (CBA)? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

If “YES” is checked for 1.b, 2, or 3, filers must upload documentation.



Section E – Wage Source Information cont.

Wage Source Information

E.1. Is the employer covered by ACWIA, as described in 20 CFR 656.40(e)(1)? * (Not applicable for H-2B) ⓘ

Yes

No

N/A

E.2. Is the position covered by a Professional Sports League Rules or Regulations? § ⓘ

Yes

No

E.3. Is the position covered by a Collective Bargaining Agreement (CBA)? § ⓘ

Yes

No

N/A

For non-OES requests, select and fully complete only one of the following: (Davis Bacon Act (DBA) & Service Contract Act (SCA) are not prevailing wage sources for H-2B)

E.4. Source Type: § ⓘ

DBA

SCA

Survey

In FLAG, when one of wage sources is selected, the rest of the choices will be grayed out.



Section E – Wage Source Information cont.

E.1. Is the employer covered by ACWIA, as described in 20 CFR 656.40(e)(1)? * (Not applicable for H-2B) ?

Yes
 No
 N/A

E.1.a. If "Yes," identify which ACWIA provision the employer is covered under (choose all that apply): § ?

(i) Institution of higher education (iii) Nonprofit research organization or Governmental research organization
 (ii) Affiliated or related nonprofit entity connected or associated with an institution of higher education

E.1.b. If the employer has previously been determined not covered under ACWIA, does the employer have any reason to believe that its status has changed? § ?

Yes
 No
 N/A

E.1. Document Upload - ACWIA Status Change

Document Upload *

Drop files here or [browse](#)
File types allowed: pdf, doc, docx, txt, xls, xlsx
File size limit: 30MB

In FLAG, if filers select "Yes" for ACWIA wage source in E.1. then subsections E.1.a and E.1.b will appear. Also, if "Yes" is marked, filers must upload documentation.





Section E – Wage Source Information cont.

E.2. Is the position covered by a Professional Sports League Rules or Regulations? § ⓘ

Yes
 No

E.2. You must upload the Sports League Employer Letter.

Document Upload *

Drop files here or [browse](#).
File types allowed: .pdf, .doc, .docx, .txt, .xls, .xlsx
File size limit: 30MB

This field is required.

E.2. You must upload the Sports League Union Letter/No Objection Letter.

Document Upload *

Drop files here or [browse](#).
File types allowed: .pdf, .doc, .docx, .txt, .xls, .xlsx
File size limit: 30MB

This field is required.

E.2. You must upload the Sports League Rules.

Document Upload *

Drop files here or [browse](#).
File types allowed: .pdf, .doc, .docx, .txt, .xls, .xlsx
File size limit: 30MB

This field is required.

In FLAG, if Professional Sports League Rules or Regulations is selected, filers must upload documentation. Similarly, documentation must be uploaded if CBA is selected as the wage source.



Section E – Wage Source Information cont.

<p><u>For non-OES requests, select and fully complete only one of the following:</u> (Davis Bacon Act (DBA) & Service Contract Act (SCA) are not prevailing wage sources for H-2B)</p>
<p>4. Source Type: § <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Survey</p>
<p>a. Complete the following if consideration of a survey is requested above. § (If this is a request to use a survey in the H-2B program, Form ETA-9165 must also be completed.)</p>
<p>(i) Survey name or title: §</p>
<p>(ii) Survey date of publication or, if not published, date of submission to DOL: §</p>

DBA and SCA are not applicable to H-2B.



Section E – Wage Source Information cont.

Complete the following if consideration of a survey is requested above. § (If this is a request to use a survey in the H-2B program, Form ETA-9165 must also be completed.)

E.4.a.i. Survey name or title: §


This field is required.

E.4.a.ii. Survey date of publication or, if not published, date of submission to DOL: §

This field is required.

E.4.a. You must upload the survey.

Document Upload *

 [Drop files here or browse.](#)
File types allowed: pdf, doc, docx, xls, xlsx, ppt, pptx
File size limit: 50MB

This field is required.

In FLAG, if filers select survey as the wage source, documentation must be uploaded. Also, for H-2B Survey, the Form ETA-9165 must be uploaded.



Section F – Job Offer Information

a. Job Description	
1. Job Title *	
2. Job Duties: Description of the specific services or labor to be performed. * (All job duties must be disclosed. A description of the job duties MUST begin in this space. One separate addendum will be accepted to fully complete the response.)	
3. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If "Yes," please indicate the SOC code(s) and SOC title(s) of the occupation(s) of the employees to be supervised: §	

E. Job Offer Information	
a. Job Description:	
1. Job Title *	
2. Suggested SOC (ONET/OES) code *	2a. Suggested SOC (ONET/OES) occupation title *
3. Job Title of Supervisor for this Position (if applicable) §	
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input type="checkbox"/> No	4a. If "Yes", number of employees worker § will supervise: _____
4b. If "Yes", please indicate the level of the employees to be supervised: <input type="checkbox"/> Subordinate <input type="checkbox"/> Peer	
5. Job duties – Please provide a description of the duties to be performed with as much specificity as possible, including details regarding the areas/fields and/or products/industries involved. A description of the job duties to be performed MUST begin in this space. *	
6. Will travel be required in order to perform the job duties? * <input type="checkbox"/> Yes <input type="checkbox"/> No	6a. If "Yes", please provide details of the travel required, such as the area(s), frequency and nature of the travel. §



Section F.a. Job Description

F.a.1. Job Title * [?](#)

This field is required.

F.a.2. Job Duties: Description of the specific services or labor to be performed. * (All job duties must be disclosed. A description of the job duties MUST begin in this space. One separate addendum will be accepted to fully complete the response.) [?](#)

0 / 4000 character limit

F.a.3. Does this position supervise the work of other employees? * [?](#)

Yes

No

This field is required.

In FLAG, the description of the job duties in F.a.2 must begin in the space provided, 4000 characters are allowed. FLAG will generate an automatic addendum. Filers should not include alternative job requirements in this field.



Section F.a. Job Description cont.

0 / 4000 character limit

F.a.3. Does this position supervise the work of other employees? *

Yes

No

F.a.3.a. If "Yes," please indicate the SOC code(s) and SOC title(s) of the occupation(s) of the employees to be supervised: § *

- 25-1031.00 — Architecture Teachers, Postsecondary
- 17-1011.00 — Architects, Except Landscape and Naval
- 15-1199.06 — Database Architects
- 15-1199.02 — Computer Systems Engineers/Architects

In FLAG, if "Yes" is checked for F.a.3, filers must answer F.a.3.a and filers can search for the appropriate SOC code(s) and title(s) of the supervised occupation.



Section F.b. Minimum Job Requirements

b. Minimum Job Requirements

1. Education: Minimum U.S. diploma/degree required *	
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (Ph.D.) <input type="checkbox"/> Other degree (J.D., M.D., etc.)	
a. If "Other degree" in question 1, specify the U.S. diploma/degree required §	b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field)
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If "Yes" in question 3, specify the number of <u>months</u> of training required §	b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type)
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If "Yes" in question 4, specify the number of <u>months</u> of experience required §	b. Indicate the occupation required §
5. Special Skills or Other Requirements: Does the employer require any specific or other requirements? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If "Yes," check all that apply and specify the requirement(s): §	
<input type="checkbox"/> (i) License/Certification:	
<input type="checkbox"/> (ii) Foreign Language:	
<input type="checkbox"/> (iii) Residency/Fellowship:	
<input type="checkbox"/> (iv) Other Special Skills or Requirements:	

b. Minimum Job Requirements:

1. Education: minimum U.S. diploma/degree required *	
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required §	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field)
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of <u>months</u> of training required §	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type)
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of <u>months</u> of experience required §	4b. Indicate the occupation required §
5. Special Requirements - List specific skills, licenses/certificates/certifications, and requirements of the job opportunity. *	



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Section F.b. Minimum Job Requirements cont.

b. Minimum Job Requirements

1. Education: Minimum U.S. diploma/degree required *		
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (Ph.D.) <input type="checkbox"/> Other degree (J.D., M.D., etc.)		
a. If "Other degree" in question 1, specify the U.S. diploma/degree required §	b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field)	
2. Does the employer require a second U.S. diploma/degree? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §		
3. Is training for the job opportunity required? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes" in question 3, specify the number of <u>months</u> of training required §	b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type)	
4. Is employment experience required? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes" in question 4, specify the number of <u>months</u> of experience required §	b. Indicate the occupation required §	
5. Special Skills or Other Requirements: Does the employer require any specific or other requirements? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes," check all that apply and specify the requirement(s): §		
<input type="checkbox"/> (i) License/Certification:		
<input type="checkbox"/> (ii) Foreign Language:		
<input type="checkbox"/> (iii) Residency/Fellowship:		
<input type="checkbox"/> (iv) Other Special Skills or Requirements:		

Filers must only include a single set of requirements, the employer's minimum requirements for each question. If filers accept alternative job requirements, the alternative job requirements must be entered in Section F.c.



Section F.b. Minimum Job Requirements cont.

F.b.5. Special Skills or Other Requirements: Does the employer require any specific or other requirements? • ?

Yes
 No

F.b.5.a. If "Yes," check all that apply and specify the requirement(s): §
Please complete at least one.

License/Certification:
 Foreign Language:
 Residency/Fellowship:
 Other Special Skills or Requirements:

Once filers click on "YES" for F.b.5, FLAG will drop down the list of special requirements for filers to complete.



Section F.c. Alternative Job Requirements

c. Alternative Job Requirements While an employer may specify alternative requirements, the substantial equivalency of the alternative requirements to minimum requirements will not be evaluated. (Not applicable for H-2B)	
1. Are alternate sets of Education, Training, and/or Experience accepted? §	<input type="checkbox"/> Yes <input type="checkbox"/> No
If c.1 is "Yes," c.2, c.3, and c. 4 must be completed.	
2. Specify the alternate level of education: U.S. diploma/degree accepted § <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (Ph.D.) <input type="checkbox"/> Other degree (J.D., M.D., etc.)	
a. If "Other degree" in question 2, specify the U.S. diploma/degree accepted §	b. Indicate the major(s) and/or field(s) of study accepted § (May list more than one related major and more than one field)
3. Is alternate training for the job opportunity accepted? §	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes" in question 3, specify the number of <u>months</u> of alternate training accepted §	b. Indicate the field(s)/name(s) of training accepted § (May list more than one related field and more than one type)
4. Is alternate employment experience accepted? §	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes" in question 4, specify the number of <u>months</u> of alternate experience accepted §	
5. Special Skills or Other Requirements: Does the employer require any specific or other requirements? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes," check all that apply and specify the requirement(s) §	
<input checked="" type="checkbox"/> (i) License/Certification:	
<input checked="" type="checkbox"/> (ii) Foreign language:	
<input checked="" type="checkbox"/> (iii) Residency/Fellowship:	
<input checked="" type="checkbox"/> (iv) Other Special Skills or Requirements:	

The substantial equivalency of the alternative requirements to minimum requirements will not be evaluated. If there are alternative sets of Education, Training, and/or Experience requirements, all fields in this section (Section F.c.) must be completed. This section is not applicable for H-2B applications.



Section F.c. Alternative Job Requirements cont.

Alternative Job Requirements

F.c.1. Are alternate sets of Education, Training, and/or Experience accepted? § ?

Yes

No

F.c.2. Specify the alternate level of education: U.S. diploma/degree accepted § ?

None

High School/GED

Associate's

Bachelor's

Master's

Doctorate (Ph.D.)

Other degree (JD, MD, etc.)

This field is required.

F.c.3. Is alternate training for the job opportunity accepted? § ?

Yes

No

This field is required.

If filers select “YES” for Alternative Job Requirements, FLAG will provide the rest of the fields to be completed. These fields are identical to the Minimum Job Requirements.



Section F.d. Other Information

1. Suggested SOC (O*NET/OES) code *	a. Suggested SOC (O*NET/OES) occupation title *
2. Job title of the official the employee will report to for this job opportunity (if applicable) §	
3. Will travel be required in order to perform the job duties? * <input type="checkbox"/> Yes <input type="checkbox"/> No	a. If "Yes," provide geographic location and frequency of the travel. §

A prevailing wage cannot be provided for unanticipated worksites



Section F.e. Place of Employment Information

1. Worksite address 1 *			
2. Address 2			
3. City *	4. State *	5. County *	6. Postal Code *
7. Will work be performed in any Bureau of Labor Statistics Area (Metropolitan or Non-Metropolitan Statistical Areas) other than the Bureau of Labor Statistics Area of the address listed above, or, in the case of Bureau of Labor Statistics areas with multiple county-level prevailing wage rates, in a county other than the county of the address listed above? * (If "Yes," a completed Appendix A is required)			<input type="checkbox"/> Yes <input type="checkbox"/> No

A prevailing wage determination can only be made for worksites that are identified with enough specificity to determine the applicable Bureau of Labor Statistics (BLS) Area and/or county.





Section F.e. Place of Employment Information

Additional Places of Employment

City	State	County	BLS Area	Actions
+ Add Worksite				

Add Additional Places of Employment Information

City ?

State *

- Select -

Please select County or BLS Area

County

BLS Area

Cancel Save

If filers select "Yes" in F.e.7, FLAG will automatically generate Appendix A for additional worksites to be added.

City is not used for PERM, but it is used to support H-2B applications.



Appendix A – Request for Additional Worksite(s)

Important Note: Identify any additional worksite(s) for which the employer is requesting issuance of an additional prevailing wage.

Additional Worksite 1

County/State <u>or</u> BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *		
1. County: _____	2. State: _____	OR 3. BLS Area: _____

<i>For Official Government Use Only</i>	
SOC Code:	SOC Title:
Minimum Requirements	Alternative Requirements (PERM and H-1B only)
Prevailing Wage Source:	Prevailing Wage Source:
Prevailing Wage per Minimum Requirements: \$ _____ per _____	Prevailing Wage per Alternative Requirements: \$ _____ per _____

Additional Worksite 2

County/State <u>or</u> BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *		
1. County: _____	2. State: _____	OR 3. BLS Area: _____

<i>For Official Government Use Only</i>	
SOC Code:	SOC Title:
Minimum Requirements	Alternative Requirements (PERM and H-1B only)
Prevailing Wage Source:	Prevailing Wage Source:
Prevailing Wage per Minimum Requirements: \$ _____ per _____	Prevailing Wage per Alternative Requirements: \$ _____ per _____

Submission of additional worksite information in any other form or format will not be accepted. Only worksites entered on the Form ETA-9141 and Appendix A will be used in the processing of the employer's request for a prevailing wage determination.



UNITED STATES DEPARTMENT OF LABOR

Prevailing Wage Determination: Single Occupation

G. Prevailing Wage Determination

FOR OFFICIAL GOVERNMENT USE ONLY	
1. PWD Tracking Number P-100-12345-123456	2. PW Receipt Date 08/09/2020
3. SOC Code: 13-2011	a. SOC Occupation Title: Accountants and Auditors
While all prevailing wages are issued at the six digit SOC code level, O*NET includes extended eight digit occupations. If applicable, the O*NET eight-digit extension code is listed below.	
b. O*NET Code: 13-2011.01	c. O*NET Occupation Title: Accountants
When the job opportunity represents a combination of occupations, listed below are the other occupations.	
d. O*NET Code:	e. O*NET Occupation Title:
4. Prevailing wage: (based on the primary worksite location. See Item 6 below for details). For H-1B, H-1B1, E-3, and PERM only, this wage is based on the minimum job requirements for the position. \$54,000.00	
a. Per: (Choose only one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year	b. OES Wage level: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> OES Mean <input type="checkbox"/> N/A
c. Prevailing wage source (Choose only one): <input checked="" type="checkbox"/> OES (All Industries) <input type="checkbox"/> OES (ACWIA, does not apply to H-2B) <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Alternate Survey <input type="checkbox"/> Professional Sports League Rules or Regulations	d. If "Survey" in question 4c, specify the name of the survey:
5. Prevailing wage: (based on the primary worksite location. See Item 6 below for details). For H-1B, H-1B1, E-3, and PERM only. This wage is based on the alternative job requirements for the position (does not apply to H-2B). \$64,000.00	
a. Per: (Choose only one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year	b. OES Wage level: <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> OES Mean <input type="checkbox"/> N/A
c. Prevailing wage source (Choose only one): <input checked="" type="checkbox"/> OES (All Industries) <input type="checkbox"/> OES (ACWIA) <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Alternate Survey <input type="checkbox"/> Professional Sports League Rules or Regulations	d. If "Survey" in question 5c, specify the name of the survey:
6. The wage is based on the following BLS Area (Metropolitan or Non-Metropolitan Statistical Area): Washington-Arlington-Alexandria, DC-VA-MD-WV	
7. The highest PWD out of all H-2B worksites for which a prevailing wage determination was requested: \$ N/A . per hour.	
8. Additional Notes Regarding Wage Determination:	
9. Determination date: 01/21/2021	10. Expiration date: 06/30/2021



UNITED STATES DEPARTMENT OF LABOR

Appendix A – Request for Additional Worksite(s): Single Occupation

Important Note: Identify any additional worksite(s) for which the employer is requesting issuance of an additional prevailing wage.

Additional Worksite 1

County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *		
1. County: <u>New Castle</u>	2. State: <u>DE</u>	OR 3. BLS Area: <u>Philadelphia-Camden-Wilmington, PA-NJ-DE-MD</u>

For Official Government Use Only	
SOC Code: <u>13-2011</u>	SOC Title: <u>Accountants and Auditors</u>
Wage Source: OES (All Industries) Minimum Requirements Prevailing	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source: OES (All Industries)
Prevailing Wage per Minimum Requirements: <u>\$57,500.00</u> per year	Prevailing Wage per Alternative Requirements: <u>\$68,000</u> per year

Additional Worksite 2

County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *		
1. County: <u>Santa Clara</u>	2. State: <u>CA</u>	OR 3. BLS Area: <u>San Jose-Sunnyvale-Santa Clara, CA</u>

For Official Government Use Only	
SOC Code: <u>13-2011</u>	SOC Title: <u>Accountant and Auditors</u>
Wage Source: OES (All Industries) Minimum Requirements Prevailing	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source: OES (All Industries)
Prevailing Wage per Minimum Requirements: <u>\$89,000</u> per year	Prevailing Wage per Alternative Requirements: <u>\$120,000</u> per year

Additional Worksite 3

County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *		
1. County: <u>Bexar</u>	2. State: <u>TX</u>	OR 3. BLS Area: <u>San Antonio-New Braunfels, TX</u>

For Official Government Use Only	
SOC Code: <u>13-2011</u>	SOC Title: <u>Accountants and Auditors</u>
Wage Source: OES (All Industries) Minimum Requirements Prevailing	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source: OES (All Industries)
Prevailing Wage per Minimum Requirements: <u>\$51,000</u> per year	Prevailing Wage per Alternative Requirements: <u>\$62,000</u> per year



UNITED STATES DEPARTMENT OF LABOR

Prevailing Wage Determination: Combination of Occupations

T.G. Prevailing Wage Determination

FOR OFFICIAL GOVERNMENT USE ONLY	
1. PWD Tracking Number P-100-12345-123456	2. PW Receipt Date 08/09/2020
3. SOC Code: 13-2011	a. SOC Occupation Title: Accountants and Auditors
While all prevailing wages are issued at the six digit SOC code level, O*NET includes extended eight digit occupations. If applicable, the O*NET eight-digit extension code is listed below.	
b. O*NET Code: 13-2011.01	c. O*NET Occupation Title: Accountants
When the job opportunity represents a combination of occupations, listed below are the other occupations.	
d. O*NET Code: 15-1199.01	e. O*NET Occupation Title: Software Quality Assurance Engineers and Testers
4. Prevailing wage: (based on the primary worksite location. See Item 6 below for details). For H-1B, H-1B1, E-3, and PERM only, this wage is based on the minimum job requirements for the position: \$54,000.00	
a. Per: (Choose only one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year	b. OES Wage level: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> OES Mean <input type="checkbox"/> N/A
c. Prevailing wage source (Choose only one): <input checked="" type="checkbox"/> OES (All Industries) <input type="checkbox"/> OES (ACWIA, does not apply to H-2B) <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Alternate Survey <input type="checkbox"/> Professional Sports League Rules or Regulations	d. If "Survey" in question 4c, specify the name of the survey:
5. Prevailing wage: (based on the primary worksite location. See Item 6 below for details). For H-1B, H-1B1, E-3, and PERM only. This wage is based on the alternative job requirements for the position (does not apply to H-2B). \$77,000.00	
a. Per: (Choose only one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year	b. OES Wage level: <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> OES Mean <input type="checkbox"/> N/A
c. Prevailing wage source (Choose only one): <input checked="" type="checkbox"/> OES (All Industries) <input type="checkbox"/> OES (ACWIA) <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Alternate Survey <input type="checkbox"/> Professional Sports League Rules or Regulations	d. If "Survey" in question 5c, specify the name of the survey:
6. The wage is based on the following BLS Area (Metropolitan or Non-Metropolitan Statistical Area): Washington-Arlington-Alexandria, DC-VA-MD-WV	

Occupation	Minimum	Alternate	3 Occupation	3d combination	4	5
15-1199	54,000	64,000	13-2011	15-1199.01	54,000	77,000
13-2011	45,000	77,000				



UNITED STATES DEPARTMENT OF LABOR

Appendix A – Request for Additional Worksite(s): Multiple Occupations

Additional Worksite 1	
County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *	
1. County: <u>New Castle</u> 2. State: <u>DE</u> OR 3. BLS Area: <u>Philadelphia-Camden-Wilmington, PA-NJ-DE-MD</u>	
<i>For Official Government Use Only</i>	
SOC Code: <u>13-2011</u> SOC Title: <u>Accountants and Auditors</u>	
Minimum Requirements Prevailing Wage Source: OES (All Industries)	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source: OES (All Industries)
Prevailing Wage per Minimum Requirements: \$ <u>57,500.00</u> per year	Prevailing Wage per Alternative Requirements: \$ <u>68,000</u> per year
Additional Worksite 2	
County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *	
1. County: <u>Santa Clara</u> 2. State: <u>CA</u> OR 3. BLS Area: <u>San Jose-Sunnyvale-Santa Clara, CA</u>	
<i>For Official Government Use Only</i>	
SOC Code: <u>15-1199</u> SOC Title: <u>Computer Occupations, All Other</u>	
Minimum Requirements Prevailing Wage Source: OES (All Industries)	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source: OES (All Industries)
Prevailing Wage per Minimum Requirements: \$ <u>89,000</u> per year	Prevailing Wage per Alternative Requirements: \$ <u>120,000</u> per year
Additional Worksite 3	
County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *	
1. County: <u>Bexar</u> 2. State: <u>TX</u> OR 3. BLS Area: <u>San Antonio-New Braunfels, TX</u>	
<i>For Official Government Use Only</i>	
SOC Code: <u>13-2011</u> SOC Title: <u>Accountants and Auditors</u>	
Minimum Requirements Prevailing Wage Source: OES (All Industries)	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source: OES (All Industries)
Prevailing Wage per Minimum Requirements: \$ <u>51,000</u> per year	Prevailing Wage per Alternative Requirements: \$ <u>62,000</u> per year

Appendix A Locations:

New Castle

Occupation	Minimum	Alternate	The assigned Occupation with the highest of wages
15-1199	<u>57,500</u>	65,000	13-2011
<u>13-2011</u>	52,000	<u>68,000</u>	

Santa Clara

Occupation	Minimum	Alternate	The assigned Occupation with the highest of wages
<u>15-1199</u>	75,000	<u>120,000</u>	15-1199
13-2011	<u>89,000</u>	90,000	

Bexar

Occupation	Minimum	Alternate	The assigned Occupation with the highest of wages
15-1199	<u>51,000</u>	59,000	13-2011
<u>13-2011</u>	45,000	<u>62,000</u>	



QUESTIONS?