Prevailing Wage Request

All Areas are required. (if not applicable please indicate N/A)

If all areas are not completed please note that this slows down the processing of the request. Please only list the minimum requirements for the position (not the foreign nationals)

H-1B HOLDER LAST NAME	FIRST NAME	MIDDLE NAME	Ξ
AREA OF SPECIALIZATION REGAL (example: Neuroscience, Biology, Med			
UF JOB TITLE	 DEPARTMENT N	AME	
DEPARTMENT CONTACT:		EMAIL:	
DATES OF INTENDED EMPLOYME			
HOURS PER WEEK (EXAMPLE 40 F # of hours worked that is over 40 hours		Offering salary:	
Will there be additional duties that will	be compensated No	or Yes If yes pleas	se described:
HOURLY WORK SCHEDULE (EXAI	,		
Will travel be required in order to perform explain the travel requirements:) If yes, please
Are there any other working conditions please specify the working conditions:			eck one) If yes,
Min. US diploma/degree required:Indicate the field of study:If other degree please specify the degre		(example	e Medicine, Biochemistry)
Training required for the position: Yes	or No (che		onths
Experience required for the position: Ye Indicate the field of experience:			
Any Special Requirements /skills/licens	ses/certificate required fo	or the position:	
Any additional worksites that are not w City:			
Work Address: If there is another addre address.	ess than the 1600 SW Ard	cher Road address, please in	
Address		City	Zip