GUAM DEPARTMENT OF LABOR
Application for Prevailing Wage Determination

Mail completed request form to:	Fax to:	Hand Deliver to:
Guam Department of Labor P.O. Box 9970 Tamuning, GU 96931	(671)475-7045	4th Floor G.C.I.C. Building, Hagatna, GU 96910

Requestor and Employer Name (Full Name of Organization):		
Requestor:		Employer:
Requestor Telephone No.	Requestor Fax No.	Requestor Mailing Address:

JOB OPPORTUNITY	
Job Title:	Area of Intended Employment:

Fully describe job duties, include supervisory duties where applicable.

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State the MINIMUM education, training, and experience required for a worker to satisfactorily perform the job duties described.

EDUCATION:		Specify college degree and major field of study requirements:	Type of Training:		EXPERIENCE in job offered and/or related occupation:				
High School:	College:		Years:	Months:	In Job offered:		Related Occupation		Specify related occupation:
					Yrs.	Mos.	Yrs.	Mos.	

Other special requirements (licenses, certificates, languages, etc.)	Total Hours Per Week:	Work Schedule:	Visa Category:

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Attach additional sheets as necessary. This form may be duplicated for its intended use.

Federal Regulations require the State Workforce Agency (SWA) issue determinations within 14 business days of receipt, depending on the number of requests pending at the time of submission, except when a wage survey must be conducted to obtain prevailing wage statistical data, in which case the SWA must inform the applicant of the progress of the wage survey at forty-five (45) day intervals beginning with the date of receipt..