

Application for Prevailing Wage Determination
Form ETA-9141 – Appendix A, Request for Additional Worksite(s)
U.S. Department of Labor



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 Prevailing Wage Source: | Alternative Requirements (PERM and H-1B only) 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 Prevailing Wage Source: | Alternative Requirements (PERM and H-1B only) Prevailing Wage Source: |
| Prevailing Wage per Minimum Requirements: \$ _____ per _____ | Prevailing Wage per Alternative Requirements: \$ _____ per _____ |

Additional Worksite 3

| | | |
|---|-----------------|------------------------------|
| 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 Prevailing Wage Source: | Alternative Requirements (PERM and H-1B only) Prevailing Wage Source: |
| Prevailing Wage per Minimum Requirements: \$ _____ per _____ | Prevailing Wage per Alternative Requirements: \$ _____ per _____ |

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| Page 2 of 1

PWD Case Number: _____ Case Status: _____ Validity Period: _____ to _____