

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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National Prevailing Wage Center (NPWC)



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 (δ) symbol. A. Employment-Based Visa Information 1. Indicate the type of visa classification supported by this application (Write classification symbol): * 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 * Address 2 7. City * 8. State * Postal Code * 10. Country * 11. Province (if applicable) § 12. Telephone number * 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	le) §
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code *	



Section D – Attorney or Agent

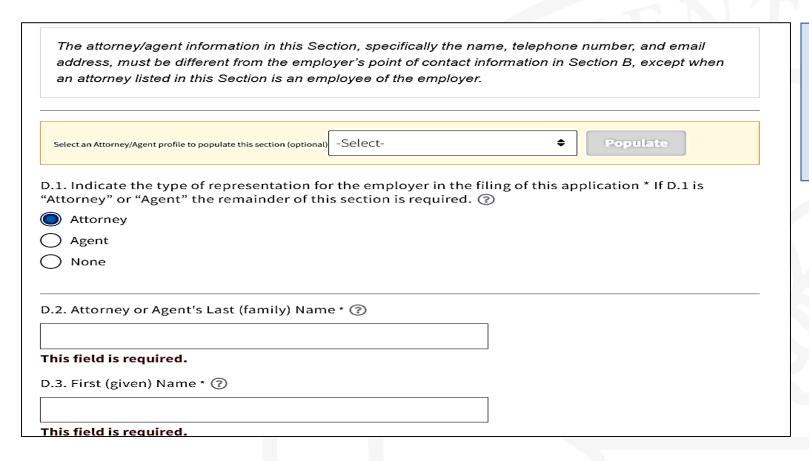
D. Attorney or Agent Information (if applicable)

7	ate the type of representation for the employer in the filing of this application * I is "Attorney" or "Agent" the remainder of this section is required		□ Attorney □ Agent □ None		
2. Attorney or Agent's Last (family) Name §	3. First (given) Name §		4. Middle Name(s) §	
5. Address 1 §					
6. Address 2 (apartment/suite/floor and number)					
7. City §			8. State §	9. Postal Code §	
10. Country §		11. Province (if applicable) §			
12. Telephone Number §	13. Extension	ension § 14. Law Firm/Bus		-Mail Address §	
15. Law Firm/Business Name §	Law Firm/Business Name § 16. Law Fi		16. Law Firm/Business F	EIN §	

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.



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



Section E – Wage Source Information

E. Wage Source Information Refer to instructions for all supporting documents required in this section.		D. Wage Processing Information	
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	1. Is the employer covered by ACWIA? ★ ☐ Yes ☐ No	
a. If "Yes," identify which ACWIA provision the employer is covered under (choose all that apply): ☐ (i) Institution of higher education ☐ (ii) Affiliated or related nonprofit entity connected or associated with an institution of higher ed☐ (iii) Nonprofit research organization or Governmental research organization		Is the position covered by a Collective Bargaining Agreement (CBA)? * Is the employer requesting consideration of Davis-Bacon (DBA) or McNamara Service Contract (SCA) Acts? *	☐ Yes ☐ No ☐ Yes ☐ No ☐ DBA ☐ SCA
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	4. Is the employer requesting consideration of a survey in determining the prevailing wage?*	□Yes □No
2. Is the position covered by a Professional Sports League Rules or Regulations? §	☐ Yes ☐ No	4a. Survey Name: § 4b. Survey date of publication: §	
3. Is the position covered by a Collective Bargaining Agreement (CBA)? §	☐ Yes ☐ No ☐ N/A	1 This Out toy date of publication, y	
For non-OES requests, select and fully complete only one of the following: (Davis Bacon Act (DBA) prevailing wage sources for H-2B)	& Service Contract Act (SCA) are not		
4. Source Type: § □ DBA □ SCA □ Survey			
a. Complete the following if consideration of a survey is requested above. § (If this is a request to use Form ETA-9165 must also be completed.)	e a survey in the H-2B program,		
(i) Survey name or title: §			
(ii) Survey date of publication or, if not published, date of submission to DOL: §			



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)	☐ Yes ☐ No ☐ N/A			
a. If "Yes," identify which ACWIA provision the employer is covered under (choose all that apply):	8			
☐ (i) Institution of higher education				
☐ (ii) Affiliated or related nonprofit entity connected or associated with an institution of higher education				
(iii) Nonprofit research organization or Governmental research organization				
b. If the employer has previously been determined not covered under ACWIA, does the employer	☐ Yes ☐ No ☐ N/A			
have any reason to believe that its status has changed? $\mathfrak s$				
2. Is the position covered by a Professional Sports League Rules or Regulations? §	☐ Yes ☐ No			
3. Is the position covered by a Collective Bargaining Agreement (CBA)? §	☐ Yes ☐ No ☐ N/A			

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



Section E – Wage Source Information cont.

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



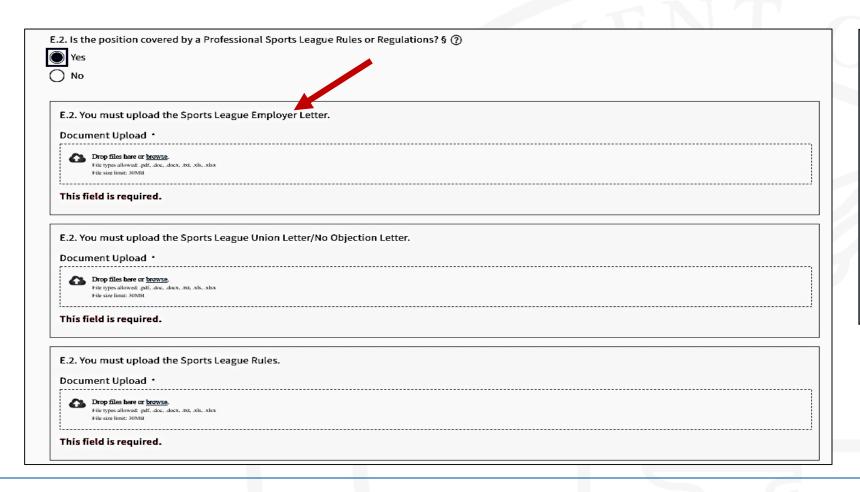
Section E – Wage Source Information cont.

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): § ②	
(i) Institution of higher education (iii) Nonprofit research organization or Governmental research organization	ion
(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 change O	d?§
E.1. Document Upload - ACWIA Status Change Document Upload •	
Drop files here or browse. File types allowed: pdf, soc, dock, txt, als, xlxx File size limit: 30MH	

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.



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.



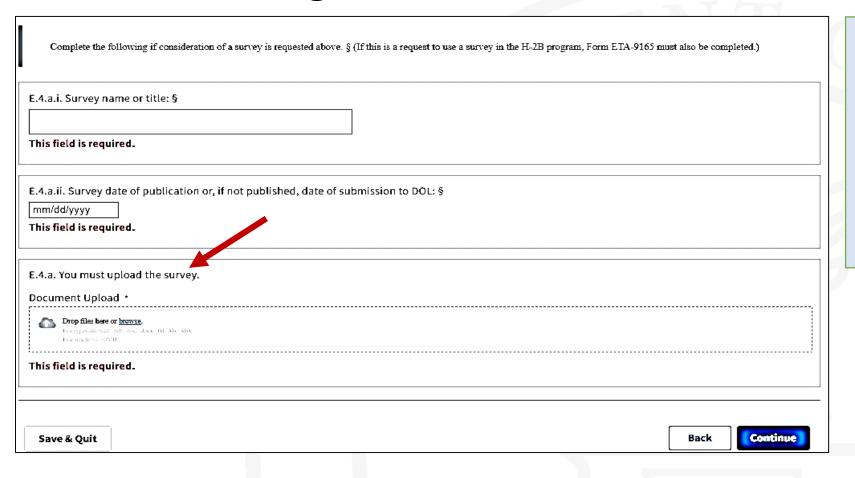
Section E – Wage Source Information cont.

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) □ DBA □ SCA □ Survey 4. Source Type: § 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: §

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



Section E – Wage Source Information cont.



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	ne job duties
MUST begin in this space. One separate addendum will be accepted to fully compete the response.)		
3. Does this position supervise the work of other employees? *		No
a. If "Yes," please indicate the SOC code(s) and SOC title(s) of the occupation(s) of the employees to be su	pervised: §	

E. Job Offer Information			
a. Job Description:			
1. Job Title *			
2. Suggested SOC (ONET/OES) code *		2a. Suggeste	d SOC (ONET/OES) occupation title *
3. Job Title of Supervisor for this Position	(if applicable) §		
Does this position supervise the work of the state o		Yes □ No	4a. If "Yes", number of employees worker § will supervise:
4b. If "Yes", please indicate the level of th			☐ Subordinate ☐ Peer
			n as much specificity as possible, including iption of the job duties to be performed MUST
6. Will travel be required in order to perform the job duties? *	6a. If "Yes", please frequency and natu		s of the travel required, such as the area(s), $\pmb{\$}$
☐ Yes ☐ No			



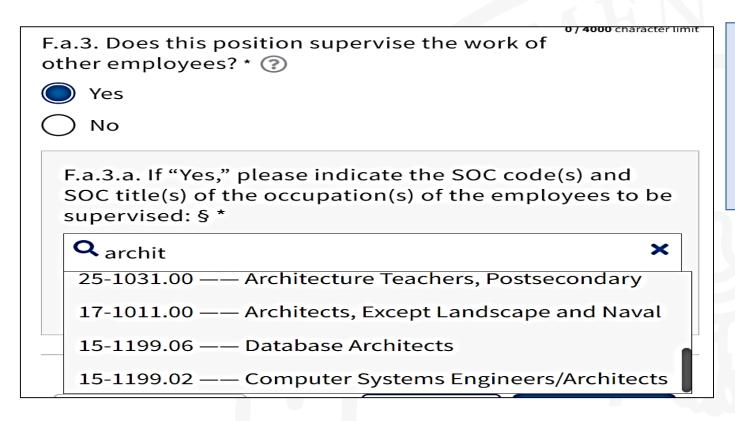
Section F.a. Job Description

F.a.1. Job Title • ③
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.) ③
0 / 4000 character limit
F.a.3. Does this position supervise the work of other employees? • ③
○ 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.



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

b. Minimum Job Requirements:

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



Section F.b. Minimum Job Requirements cont.

b. Minimum Job Requirements		
1. Education: Minimum U.S. diploma/degree required *		
☐ None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Maste	er's \square Doctorate (Ph.D.) \square Other degree (J.D.,	M.D., etc.)
a. If "Other degree" in question 1, specify the U.S.	b. Indicate the major(s) and/or field(s) of stud	, .
diploma/degree required §	(May list more than one related major and more tha	an one field)
2. Does the employer require a second U.S. diploma/degree? *		☐ Yes ☐ No
a. If "Yes" in question 2, indicate the second U.S. diploma/degre	e and the major(s) and/or field(s) of study requi	red §
2 T- tii f4i-1titi42 *		☐ Yes ☐ No
3. Is training for the job opportunity required? *		
a. If "Yes" in question 3, specify the number of months of	b. Indicate the field(s)/name(s) of training red	
training required §	(May list more than one related field and more than	one type)
4. Is employment experience required? *		☐ Yes ☐ No
a. If "Yes" in question 4, specify the number of months of	b. Indicate the occupation required §	
experience required §	o. murcate the occupation required y	
5. Special Skills or Other Requirements: Does the employer require	any specific or other requirements? *	Yes No
a. If "Yes," check all that apply and specify the requirement(s): §		
(i) License/Certification:		
(i) Electise ectimication.		
(ii) Foreign Language:		
(iii) Residency/Fellowship:		
(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? • ③ 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

 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 ac	cepted? §	□ Yes □ 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 : □ None □ High School/GED □ Associate's □ Bachelor's □ Ma		D., M.D., etc.)		
a. If "Other degree" in question 2, specify the U.S. diploma/degree accepted \$\(\) (May list more than one related major and more than one field)				
3. Is alternate training for the job opportunity accepted? §		□ Yes □ No		
a. If "Yes" in question 3, specify the number of months of alternate training accepted \$ (May list more than one related field and more than one type)				
4. Is alternate employment experience accepted? § □ Yes □ No				
a. If "Yes" in question 4, specify the number of months of alternate experience accepted §				
5. Special Skills or Other Requirements: Does the employer requ	ire any specific or other requirements? *	☐ Yes ☐ No		
a. If "Yes," check all that apply and specify the requirement(s)	8			
☐ (i) License/Certification:				
☐ (ii) Foreign language:				
☐ (iii) Residency/Fellowship:				
☐ (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? § ②
Yes
○ No
F.c.2. Specify the alternate level of education: U.S. diploma/degree accepted § ②
○ None
○ High School/GED
○ Associate's
O Bachelor's
○ Master's
O Doctorate (Ph.D.)
Other degree (JD, MD, etc.)
This field is required.
F.c.3. Is alternate training for the job opportunity accepted? § ②
○ Yes
○ No
This field is required.
The field to 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) g				
3. Will travel be required in order to perform the job duties? * a. If "Yes," provide geographic location and frequency of the travel as a second of the travel as a second or				

A prevailing wage cannot be provided for unanticipated worksites



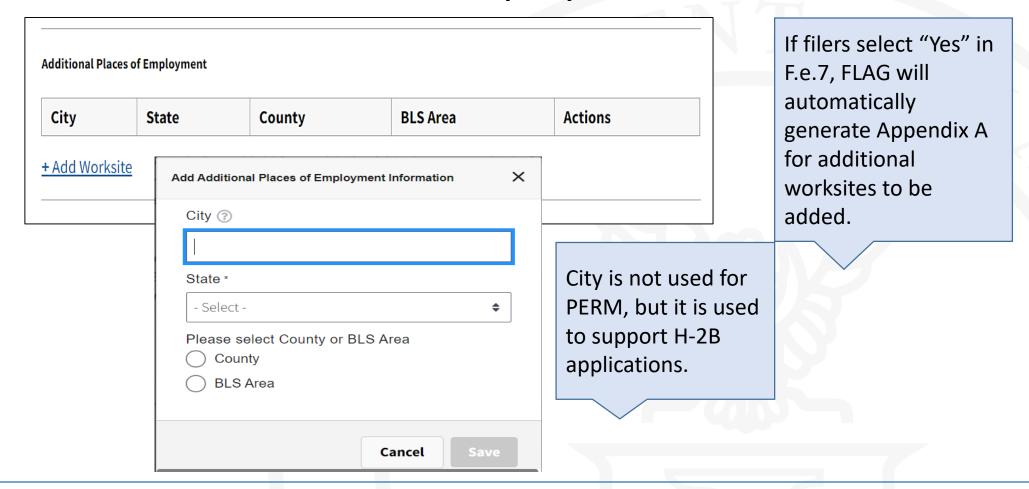
Section F.e. Place of Employment Information

1. Worksite address 1 *				
2. Address 2				
3. City *	4. State *	5. County *	6. Postal Cod	e*
7. Will work be performed in any		` •		
Statistical Areas) other than the E	Bureau of Labor Statistics Area o	f the address listed above, or, in th	ne case of	☐ Yes ☐ No
Bureau of Labor Statistics areas v	vith multiple county-level prevai	ling wage rates, in a county other	than the	1 1 C5 1 NO
county of the address listed above	e? * (If "Yes," a completed App	endix A is required)		Ţ
			•	

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





Appendix A – Request for Additional Worksite(s)

Important Note: Identify any additional worksite(s) for v wage.	which the employer is requesting issuance of an additional prevailin		
Additional Worksite 1			
County/State or BLS Area (Metropolitan or Non-Metropo	olitan Statistical Areas) Name *		
	DI O A		
1. County: 2. State: OR 3.	BLS Area:		
For Official	Government Use Only		
SOC Code:	SOC Title:		
Minimum Requirements Prevailing Wage Source:	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source:		
Prevailing Wage per Minimum Requirements:	Prevailing Wage per Alternative Requirements:		
\$ per			
Additional Worksite 2			
County/State or BLS Area (Metropolitan or Non-Metropo	olitan Statistical Areas) Name *		
1. County: 2. State: OR 3	PLS Assess		
1. County: 2. State: OR 3	. BLS Area:		
For Official	Government Use Only		
SOC Code:	SOC Title:		
Minimum Requirements	Alternative Requirements (PERM and H-1B only)		
Prevailing Wage Source:	Prevailing Wage Source:		
Prevailing Wage per Minimum Requirements:	Prevailing Wage per Alternative Requirements:		
\$ per	\$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.



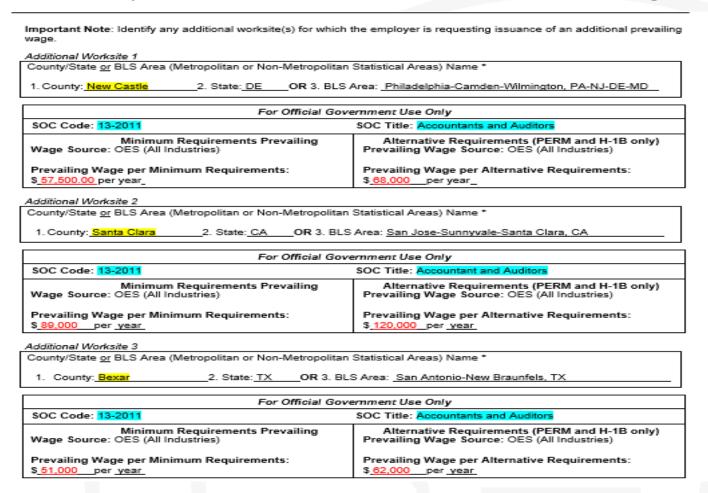
Prevailing Wage Determination: Single Occupation

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 O*NET eight-digit extension code is listed below.	e level, O*NET includes extended eight digit occupations. If applicable, the		
b, O*NET Code: 13-2011.01	c. O*NET Occupation Title: Accountants		
When the job opportunity represents a combination of occupat	tions, listed below are the other occupations.		
d. O*NET Code:	e. O*NET Occupation Title:		
Prevailing wage: (based on the primary worksite location. See It on the minimum job requirements for the position. \$54,000.00	tem 6 below for details). For H-1B, H-1B1, E-3, and PERM only, this wage is based		
a. Per: (Choose only one) □ Hour □ Week □ Bi-Weekly □ Month ■ Year	b. OES Wage level: ■ I □ II □ III □ IV □ OES Mean □ N/A		
c. Prevailing wage source (Choose only one):	d. If "Survey" in question 4c, specify the name of the survey:		
■ OES (All Industries) □ OES (ACWIA, does not apply to H-2B) □ CBA □ DBA □ SCA □ Alternate Survey □ Professional Sports League Rules or Regulations			
Prevailing wage: (based on the primary worksite location. wage is based on the alternative job requirements for the posit	See Item 6 below for details). For H-1B, H-1B1, E-3, and PERM only. This ion (does not apply to H-2B). \$64,000.00		
a. Per: (Choose only one) □ Hour □ Week □ Bi-Weekly □ Month ■ Year	b. OES Wage level: □ I ■ II □ III □ IV □ OES Mean □ N/A		
c. Prevailing wage source (Choose only one): ■ OES (All Industries) □ OES (ACWIA) □ CBA □ DBA □ SCA □ Alternate Survey □ 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		



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





Prevailing Wage Determination: Combination of Occupations

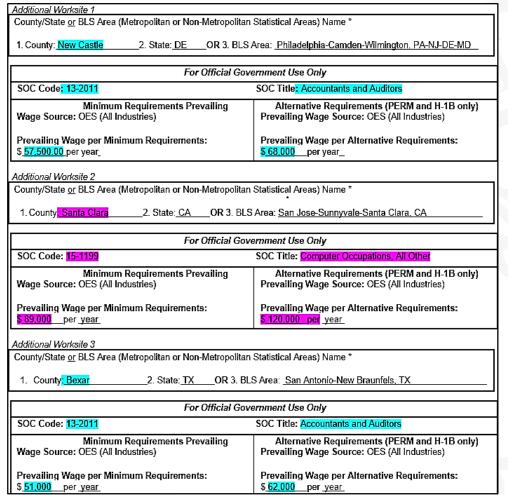
FOR OFFICIAL GOVERNMENT USE ONLY				
1. PWD Tracking Number P-100-12345-123456	2. PW Receipt Date 08/09/2020			
3. SOC Code: 13-2011	a. SOC Occupation Title: Accountants and Auditors			
While all prevailing wages are issued at the six digit SOC code level, O*NET includes extended eight digit occupations. If applicable, to 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 occupat	ions, 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) □ Hour □ Week □ Bi-Weekly □ Month ■ Year	b. OES Wage level: ■ I □ II □ III □ IV □ OES Mean □ N/A			
c. Prevailing wage source (Choose only one):	d. If "Survey" in question 4c, specify the name of the survey:			
■ OES (All Industries) □ OES (ACWIA, does not apply to H-2B) □ CBA □ DBA □ SCA □ Alternate Survey □ Professional Sports League Rules or Regulations				
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) □ Hour □ Week □ Bi-Weekly □ Month ■ Year	b. OES Wage level: □ I ■ II □ III □ IV □ OES Mean □ N/A			
c. Prevailing wage source (Choose only one):	d. If "Survey" in question 5c, specify the name of the survey:			
■ OES (All Industries) □ OES (ACWIA) □ CBA □ DBA □ SCA □ Alternate Survey □ Professional Sports League Rules or Regulations				
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	3d	4	5
			Occupation	combination		
<mark>15-1199</mark>	<mark>54,000</mark>	64,000	13-2011	15-1199.01	<mark>54,000</mark>	77,000
13-2011	45,000	77,000				

For Training Purposes Only April 27, 2021



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



Appendix A Locations:

New Castle

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

∓Santa Clara

Occupation	Minimum	Alternate	The assigned Occupation with the highest of wages
<mark>15-11</mark> 99	75,000	120,000	15-1199
13-2011	89,000	90,000	

Bexar

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



QUESTIONS?