

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

\*Official Use Only\*

Virginia Department of Labor and Industry  
Request for Additional Wage Classification

Project \_\_\_\_\_

Location (City and County) \_\_\_\_\_

Construction Type \_\_\_\_\_

Contracting Agency \_\_\_\_\_

Contact Information  
(Email and Phone) \_\_\_\_\_

Proposed Classification Title	Job Description	Duties	Suggested Wage Rate (Agency)	Suggested Wage Rate (Contractor)

Please submit this form to [PrevailingWage@doli.virginia.gov](mailto:PrevailingWage@doli.virginia.gov) along with any supporting documents you may have. DOLI will respond to all requests with a decision within 10 days.

I swear and certify that the information I have provided to the Department of Labor and Industry is true and accurate:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date