



Virginia Department of Labor & Industry
Request for Additional Wage Classification

Date Received: _____

Received By: _____

*** Official Use Only ***

Request for Additional Wage Classification

Project Name _____

DOLI Project Number _____

Location (City/County) _____

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 along with any supporting documents you may have.

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