

H-1B PETITION

STATEMENT OF ACTUAL WAGE DETERMINATION

Before an employer may submit an H-1B petition on behalf of an employee, the U.S. Department of Labor requires that the employer document that the employee will be paid the "actual wage" for his/her position. The actual wage is defined as the range paid to all individuals in the department with similar experience and qualifications as the prospective H-1B worker for the position. The prospective H-1B employee will be considered to be receiving the actual wage if his or her salary falls within or above the range of wages currently paid to comparable employees in the same department. Where no other such employees exist at the place of employment, the actual wage shall be the wage paid to the H-1B non-immigrant.

H-1B Employee's Name: *(Last, First, Middle Initial)*

Department or Hiring Unit:

Position Title:

Salary Offer:

___ Please check if this employee is the only one in this type of position in the department or unit

Salary range of individuals in the department with same job title and similar qualifications as applicant: from \$_____ to \$_____ per year.

(Please do not compare someone with 10 years of experience with someone with 2 years of experience. They do not have similar qualifications.)

Please check which of the following factors were considered when determining salary:

- | | |
|---|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Level or responsibility/supervision |
| <input type="checkbox"/> Previous work Experience | <input type="checkbox"/> Other (Please explain.) |
| <input type="checkbox"/> Skills/specialized knowledge | _____ |
| <input type="checkbox"/> License/certifications | |

I hereby certify that the salary listed above reflects the wage level paid to all other individuals with similar experience and qualifications working in this department or unit. If there is more than one wage paid, I am able to explain the reason(s) for this differential in wage rates. If required to do so, I am able to provide documentation that will include the names and payroll records of similarly employed individuals to verify these statements for the U.S. Department of Labor.

Signature of Department Head or Director

Date

Print Name and Title

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