

## Instructions for Preparing Actual Wage Form

### Employees

List all employees in your department who hold the same job title as the one to be accorded to the H-1B applicant. Use additional sheets as needed.

Education – Indicate each employee's degree or educational equivalency.

Experience – Indicate each employee's years of experience accrued since the degree awarded [see III (a). (1)].

Salary – Indicate the current salary of each employee listed.

### Exclusions

Draw a single line through any person listed that you do not consider to be a peer of the H-1B applicant. State specific reasons why they should not be considered as peers. Reasons should relate to:

Experience – Length, type, relevancy, specialized knowledge.

Education – Degree(s), class rank, GPA.

Job responsibilities – Major differences in the job duties performed such as major tasks, supervisory responsibilities.

Other legitimate business factors – Professional distinctions, awards, publications, documented meritorious performance.

### Identify the highest salary of the employees whose names have not been eliminated.

This will be the actual wage. As previously stated to support the H-1B, either the prevailing wage or the actual wage, whichever is the higher, must be paid to the H-1B applicant and all peers.

### Have the preparer, chairman of the department and appropriate vice president or dean sign the actual wage form.

By signing the actual wage form, the department chair understands that the exclusions must be defensible in a court of law, and, should we be challenged on any of the exclusions, it would be the department chair's responsibility to defend the exclusions. Consequently, departmental personnel records must be properly documented.

**ACTUAL WAGE DETERMINATION FORM FOR H-1B PETITION**

APPLICANT'S NAME \_\_\_\_\_ POSITION TITLE \_\_\_\_\_

DEPARTMENT/DIVISION \_\_\_\_\_ APPLICANT'S YEARS OF EXPERIENCE \_\_\_\_\_ DEGREE \_\_\_\_\_

NAME OF ALL EMPLOYEES WHO HOLD SAME TITLE	EDUCATION/DEGREE	YEARS OF EXPERIENCE	ANNUAL SALARY

Place a singular line through the names of those employees who should not be considered as peers of H-1B applicant. List them by name below and state specific reasons for their exclusion which relate to factors outlined on instruction sheet. Use additional pages as needed.

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\_\_\_\_\_

ACTUAL WAGE = \_\_\_\_\_

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

\_\_\_\_\_  
PRINT CLEARLY FULL NAME OF PREPARER

\_\_\_\_\_  
SIGNATURE OF PREPARER      PHONE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT CHAIRMAN

\_\_\_\_\_  
SIGNATURE OF APPROPRIATE ADMINISTRATOR

\_\_\_\_\_  
DATE