

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.

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 _____