PREVAILING WAGE INFORMATION SHEET
H-1B

Complete this form based on the offered position – not the qualifications of the applicant.

Hiring Department : _____

Name of H-1B Applicant : _____

Job Title of Offered Position : _____

Rate of Pay : $_____ ____ Per nine months ___ Per year
____ Full-Time ___ Part-Time

Minimum Education Required: Degree : _____

Field of Study : _____

Minimum Experience Required : Years : _____ Months :_____

License Required : _____

Special Requirements : _____

Number of Employees to be Supervised by Applicant : _____

Description of Job Duties : _____

_____

_____

Address where duties will be performed : _____

_____

Dean or Hiring Authority

Printed Name & Title : _____

Signature : _____ Date : _____

Department Head or Hiring Authority

Printed Name & Title : _____

Signature : _____ Date : _____