

ACTUAL WAGE DETERMINATION STATEMENT

Hiring Department : _____

Applicant's Name : _____

Position Title : _____

Applicant's Years of Experience : _____ Degree : _____

Employees within the Department with same Position Title

Name	Experience (Years)	Degree	Salary

Line through the names listed above of those employees who should not be considered as peers of the H-1B applicant. List them by name and item number below. State specific reasons for their exclusion which relates to factors on the 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.

DEPARTMENTAL SIGNATURES

DEPARTMENT HEAD or Hiring Authority:

Printed Name & Title: _____

Signature : _____ Date : _____

DEAN or Hiring Authority:

Printed Name & Title: _____

Signature : _____ Date: _____