

H-1B ACTUAL WAGE STATEMENT

MICHIGAN STATE
UNIVERSITY

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As part of application process for H-1B employee, MSU is required to provide documentation that illustrates how the employer determines the actual wage. The actual wage is the wage rate paid by the employer to all individuals with experience and qualification similar to those of the H-1B to this specific employment. Documentation must show how the wage is set for H-1B employee related to the wage paid to other individuals with similar experience and qualifications for this position. This form is designed to assist your department in calculating and documenting actual wage.

The employer is required to establish and document actual wage rate. The actual wage statement is an internal form but will be included in the DOL public access file maintained by OISS. The H-1B employee should not have access to this information. This information is confidential.

MSU is required to pay the higher of the actual wage or the prevailing wage as determined by the Department of Labor.

INFORMATION ABOUT THE EMPLOYEE:

| | | | | | |
|--|---|---|--|--|--|
| Department: | | Position Title: | | | |
| Last Name: | | First Name: | | | |
| Salary: \$ | Degree Level: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral <input type="checkbox"/> DVM <input type="checkbox"/> Other | | | | |
| Field of Study: | | Number of years of relevant post degree experience: | | | |
| Specific skills the employee has that are relevant to the job: | | | | | |

INFORMATION ABOUT THE POSITION:

| | | | | | |
|---|--|--|--|--|--|
| Minimum of degree required: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral <input type="checkbox"/> DVM <input type="checkbox"/> Other | | | | | |
| Field of study required: | | | | | |
| Minimum number of years of post-degree experience required: | | | | | |
| Special skills required: | | | | | |

CALCULATION OF ACTUAL WAGE:

Please list all employees and their salary that are currently working in your department with the same position title as H-1B candidate. For those employees listed who are in the position with comparable responsibilities and qualifications to H-1B candidate, check yes. For those employees listed who are in the position with non-comparable responsibilities and qualifications to H-1B candidate, check no and state the reason for difference. Some factors to take into consideration include experience, qualifications, education, job function, specialized knowledge, and other business factors. Some factors that may not justify salary difference: funded by different grant, research area, demanded more salary, change of funding, willingness to work longer hours, get along with others or any other subjective reasons.

| NAME | SALARY | COMPARABLE RESPONSIBILITIES/ QUALIFICATIONS | REASONS FOR DIFFERENCE IN SALARY |
|------|--------|--|----------------------------------|
| 1. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|-----|----|--|--|
| 4. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 22. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25. | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

*Use additional sheets as needed

For those who have comparable responsibilities and qualifications, identify the highest salary. This is the actual wage. To continue H-1B processing, this individual must be paid actual or prevailing wage, whichever is higher.

There are **no** similarly employed individuals in this department.

CERTIFICATION:

I certify that all information contained in this actual wage statement is correct to the best of my knowledge. Further, I certify that the H-1B employee will be paid the required wage for the duration of H-1B status as of the effective date of H-1B approved by the US Citizenship and Immigration Service. Supporting documentation is available upon request.

Signature of Facility Advisor
or Principle Investigator

Print Name & Title

Date

Signature of Department Chair

Print Name

Date