



International Programs and Initiatives
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ACTUAL WAGE STATEMENT

As part of the application process for an H-1B/E-3 employee, OIPI 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/E-3 to this specific employment. Documentation must show how the wage is set for H-1B/E-3 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. * Please use a separate sheet, if necessary.

The employer is required to establish and document the actual wage rate. The actual wage statement is an internal form and will be included in the U.S. Department of Labor (DOL) public access file maintained by OIPI and should remain confidential. The H-1B/E-3 employee should not have access to this information.

UAF is required to pay the higher of actual wage or prevailing wage as determined by the U.S. Department of Labor (DOL).

INFORMATION ABOUT THE PROSPECTIVE EMPLOYEE:

UA ID Number (if applicable) Department Proposed Bi-Weekly Salary

Subject to Collective Bargaining Agreement? Yes No Contract Term Pay Periods 19.5 26 Other

Position Title Position Job Classification F9 FN FR Other

First Name Last Name

Degree Level Bachelors Masters Doctorate DVM Other

Field of Study Number of Years of Relevant Post Degree Experience

*Specific skills and professional licenses and/or certifications the prospective employee has that are relevant to the job :

INFORMATION ABOUT THE POSITION:

Minimum of degree required Bachelors Masters Doctorate DVM Other

Field of Study Required Post Degree Experience Required

*Brief description job duties (Indicate whether job includes supervision of others)

*Specific skills required if not included in the job duties

*Required professional license(s) and/or certification(s)

Location of Employment: Fairbanks Yes No If No, Enter the City and State

CALCULATION OF ACTUAL WAGE:

Please list all employees who are currently working in your department with the same title and position classification as the H-1B/E-3 candidate. For those employees listed who are in the position with comparable responsibilities and qualifications to the H-1B/E-3 candidate, select Yes. Please list the reasons for any salary difference(s) if they are comparable.

Some factors to take into consideration for salary differences may include experience, qualifications, education, job family, specialized knowledge, and other legitimate business factors (e.g. awards, publications, professional distinctions).

For those employees listed who are in the position with non-comparable responsibilities and qualifications to the H-1B/E-3 candidate, select No. Reasons may include field of study, added responsibilities, etc.

NAME:	UA ID No:	ANNUAL SALARY:	COMPARABLE RESPONSIBILITIES/ QUALIFICATIONS:	IF YES, REASONS FOR DIFFERENCE(S) IN SALARY: IF NO, REASONS WHY NOT COMPARABLE:
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	

*** Use additional sheets as needed.**

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/E-3 employee will be paid the required wage for the duration of the H-1B/E-3 status as of the effective date of the approved authorization by the U.S. Citizenship and Immigration Services (USCIS). Supporting documentation is available on request.

Name of Person Completing Form Signature Date

Dept. Head/Sponsor's Name Signature Date

Dean/Director's Name Signature Date