

Actual Wage Determination & Prevailing Wage Request Form

General Information

Name of Dept.: _____ Contact Person: _____ Contact UNI: _____
Applicant's Name: _____ Applicant's UNI (if any) : _____

Position Information

University Employment Title: _____ Is this a Union position? Yes No
Name and Job Title of Immediate Supervisor _____
Full Period of Employment requested for this position: From: _____ (Start Date) to _____ (End Date)
Is this Tenure Track? Yes No
If this is an Officer of Research, are there additional instructional duties? Yes No
If yes, explain: _____
Number of non-student employees applicant will supervise, if any: _____
Titles of non-student employees applicant will supervise, if any: _____
Minimum Degree Required for Position, including Field(s) of Study – refer to Faculty Handbook: _____
Job description: (please include a copy of Interfolio/TalentLink)

Wage Information

Salary Offered: _____ Will Employee Receive Benefits e.g., Health Insurance? Yes No

Salary range within your department for those with same job title and qualifications similar the applicant:

From \$ _____ to \$ _____

Note: The proposed salary for the H-1B/E-3 employee must fall within or above this actual wage range. If required to do so, you must be able to provide documentation, including the names and payroll records of similarly employed individuals, to verify this statement.

Which of the factors listed below were used to determine the salary for similarly employed individuals? Attach additional explanation, if needed)

- Degrees earned Comparable rate of pay at similar institutions Funding source (grant, etc.)
 Previous work experience Area of specialization Other

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Worksite Information

Will the employee have additional worksites off the Columbia campus? Yes No

Will the employee work remotely at any time during the workweek (including working from home)? Yes No

Please list locations of *all* Worksites including any Remote Work. (If more than 3 locations, use an attachment)

Primary Work Location (complete street address):

Additional Work Location: (complete street address):

Additional Work Location: (complete street address):

Signature

I certify this information is accurate. If there is any material change in the Applicant's employment such as, a change in work location (including short-term placement), a change of job title or duties, or decrease in wages or work hours, I will contact ISSO immediately. Otherwise, Columbia University may be subject to substantial fines imposed by the federal government and its ability to hire foreign nationals in H-1B and E-3 status may be suspended. By signing this form, I understand I may be required to provide documentation of its accuracy to the Department of Labor, upon request.

Name and Signature of Chair of Dept. or Hiring Authority: _____ Date: _____