

Actual Wage Determination & Prevailing Wage Request Form

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Position Information

University Employment Title: _____ Is this a Union position? ☐ Yes ☐ No

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: _____

Which degree field(s) is required for the job duties of the position: _____

Description of Job Duties:

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)

<input type="checkbox"/> Degrees earned	<input type="checkbox"/> Comparable rate of pay at similar institutions	<input type="checkbox"/> Funding source (grant, etc.)
<input type="checkbox"/> Previous work experience	<input type="checkbox"/> Area of specialization	<input type="checkbox"/> 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, including home address if working remotely from a residence (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: _____