

H-1B
Statement of Actual
Wage Determination

Per Department of Labor regulations, the following information must be available for public examination. The public inspection file shall be housed in International Support Services. Please keep a copy of this form with salary information of similarly employed individuals.

H-1B Employee's Name:								
Department , Center, or Hiring Unit:								
Position Title:								
Salary Offer:								
<p>Salary range of individuals in department, lab, institute, center, or other university unit with same job title, as well as similar job responsibilities, qualifications and experience as the applicant:</p> <p>from \$ _____ per year to \$ _____ per year.</p> <p>(If the employee is the only one in the position in your unit, consult with ISS & HR to determine the salary range for similarly employed individuals at KU. Employees working in similar positions in different units can be used to determine the actual wage.)</p>								
<p>Please check which of the following factors were considered when determining salary:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Level or responsibility/supervision</td> </tr> <tr> <td><input type="checkbox"/> Previous work Experience</td> <td><input type="checkbox"/> Publications</td> </tr> <tr> <td><input type="checkbox"/> Skills/specialized knowledge</td> <td><input type="checkbox"/> Other objective business-related criteria*</td> </tr> <tr> <td><input type="checkbox"/> License/certifications</td> <td></td> </tr> </table>	<input type="checkbox"/> Education	<input type="checkbox"/> Level or responsibility/supervision	<input type="checkbox"/> Previous work Experience	<input type="checkbox"/> Publications	<input type="checkbox"/> Skills/specialized knowledge	<input type="checkbox"/> Other objective business-related criteria*	<input type="checkbox"/> License/certifications	
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<input type="checkbox"/> License/certifications								
<p>I hereby certify that the salary listed above reflects the wage level paid to all other individuals with similar experience and qualifications working in this department, institute, center, or laboratory. If there are more than one wage paid, I am able to explain the reason(s) for this differential in wage rates. If required to do so, I am able to provide documentation that will include the names and payroll records of similarly employed individuals to verify these statements for the Department of Labor. * Please define business-related criteria on additional page.</p>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="width: 40%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> <tr> <td>Signature of Department Chair, Director, or Hiring Authority</td> <td>Date</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; padding-top: 10px;">Name and Title</td> </tr> </table>			Signature of Department Chair, Director, or Hiring Authority	Date	Name and Title			
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<small>Please return completed form to Keeli Nelson, keelinelson@ku.edu, ISS, Room 2 Strong Hall.</small>								