



According to 20 C.F.R. § 655.731(b)(2), 655.731(a)(1), and 655.760(a)(3), an employer must develop written documentation of how it determined the actual wage of an H-1B nonimmigrant employee. The documentation must show how the wage was set for the H-1B nonimmigrant employee as it relates to wages paid by the department to “similarly employed” individuals. When identifying those employees who are similarly employed, you can take into consideration experience, qualification, education, job responsibility and function, specialized knowledge, and other legitimate factors that conform to recognized principles or can be demonstrated by accepted rules and standards in the industry. If there is more than one wage is paid to employees with similar experience, the department must be able to explain the reason(s) for this differential in wage rates.

The following information must be available for public inspection. Please complete the form in its entirety, submit a signed copy to the Office of University Counsel, and keep a copy for your records. **Please e-mail the signed copy of this form to Elizabeth Gill, Director of International Employment and Immigration in the Office of University Counsel, at gille@montclair.edu.**

Employee/Prospective Employee’s Name: _____

Employee/Prospective Employee’s Title at MSU: _____

School/Department: _____

1. Employee/Prospective Employee’s Salary: _____ Rate of pay: _____ (annual, biweekly, etc.)

2. Source of Salary (i.e., where do the funds originate?): _____

3. Is the employee receiving the same benefits as other similarly situated employees? Yes No

4. Do other employees in your department have the same/a similar job title and similar duties to this position? Yes No

If, yes, how many employees? _____

If yes, what is the wage range for these similarly situated employees? _____

5. Is the salary for this position determined by a collective bargaining agreement (i.e., a union)? _____

If yes, what is the name of the union? _____

If yes, what is range _____ and step _____ for the salary?

6. Please specify any benefits this position will receive: _____

7. What factors were considered in determining the salary (check all applicable boxes)?

- Experience
- Education
- Specialized Knowledge
- Qualifications
- Job responsibility and function
- Other legitimate factors that conform to recognized principles or can be demonstrated by accepted rules and standards in the industry

I certify that the salary information listed above reflects the wage level paid to all other individuals with similar experience and qualifications working in the school/department/office/laboratory as the prospective/current employee listed on this form. If there is wage differential among similarly situated employees, I am able, if requested, to explain the reason(s) for this differential in wage rate. I am able to provide documentation, including the names and payroll records of similarly employed individuals, to the Department of Labor to verify these statements. Further, I certify that I will notify the Office of University Counsel if there is a substantial change in the employee's job description, salary or the employee's job title.

SIGNATURES

Dean/Executive Director/VP of Sponsoring Department/School

Name: _____

Title: _____

Department/School: _____

Email Address: _____

Phone Number: _____

Signature: _____ Date: ____/____/_____

Department Chair/Director of Sponsoring Department/Office

Name: _____

Title: _____

Department/Office: _____

Email Address: _____

Phone Number: _____

Signature: _____ Date: ____/____/_____