



To initiate the H-1B visa application process, the Office of University Counsel may need to file a request for a Prevailing Wage Determination (PWD) with the Department of Labor. An H-1B employer must agree to pay an H-1B nonimmigrant the required wage rate, which is defined as the higher of two figures: the actual wage rate as determined by Montclair State University or the prevailing wage rate as determined by the Department of Labor. In determining the prevailing wage, the Department of Labor will consider all of the below factors. **The employee/prospective employee’s supervisor should complete this form in its entirety and e-mail it 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: _____

1. List the education or minimum degree required (not preferred) for the position:

2. Is there a major field of study required for the degree needed for this position? Yes No
If yes, what is the field of study? _____

3. Briefly describe the job, and **attach a copy of the official job description in Word**:

4. Is training for the job required? Yes No
If yes, number of months of training required: _____
Specify type of training required: _____

5. Is employment experience required for the position? Yes No
If yes, specify number of months/years of experience required:
If yes, indicate the required occupation/field of experience:

6. List special requirements for the position, if any, (e.g., special skills, licenses, certificates, certifications): _____

7. Will work be performed in multiple worksites other than Montclair State University’s campus located at 1 Normal Ave., Montclair, NJ 07043? Yes No
If yes, please provide names and addresses for all locations:

8. Will the position supervise the work of other employees? Yes No

If yes, list number of employees worker will supervise: _____

9. Please indicate the minimum number of hours per week that employee will work: _____

10. Is this position covered by a collective bargaining agreement (CBA)? Yes No

11. Name of union whose CBA covers this position: _____

12. Will travel be required in order to perform the job duties? Yes No

13. Is this position full-time or part-time? _____

Supervisor's Information

Name: _____

Title: _____

Department: _____

Email Address: _____

Phone Number: _____

Supervisor's Signature:

Date: ____/____/_____