

WAGE DETERMINATION WORK SHEET

This worksheet must be completed by the hiring department.

**This will be kept in OIPS as part of the required
Department of Labor Public Inspection File.**

This worksheet must be signed and submitted to before OIPS files LCA.

1. Title of position offered to alien: _____
2. Number of other employees in department with this title: _____
3. Total number of other so-titled employees who have similar duties and responsibilities and who have similar education, qualifications and experience for the specific employment:

4. Salary of prospective employee: \$ _____ per _____
5. Please describe in detail the system used by your department to determine the salary paid to the individual for whom you are requesting H-1B status. Factors to take into consideration may include length, type and breadth of experience, level of skills and specialized knowledge, level/subject area of advanced degrees, job responsibility and function.

If your department follows a particular written GMU or state salary schedule or guideline in establishing employee wage rates, please also attach a copy of that schedule.

If your department or institute uses a separate salary schedule, such as NIH Salary Scale, please attach the schedule.

6. Year That Wage Scale was Published, if applicable _____

(Signature)

Department Chair

Date