OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS



SANTA BARBARA, CA 93106-7150 TELEPHONE (805) 893-2929 FAX (805) 893-7132

ACTUAL WAGE DETERMINATION FORM

The **actual wage** is defined as the wage rate paid by the employer to all employees with similar experience and qualifications at the place(s) of intended employment for the specific employment in question. The wage rate is established as the range of salaries paid to all employees in the same or similar positions and NOT the average of the wages.

Per the US Department of Labor's regulations, an employer intending to hire an H-1B/E-3 nonimmigrant must agree to pay either the actual wage or the prevailing wage at the place(s) of intended employment, *whichever is higher*, for the entire period of H-1B/E-3 employment. This includes the employer's obligation to offer benefits and eligibility for benefits provide as compensation for services to the H-1B/E-3 employee on the same basis, and in accordance, with the same criteria, as the employer offers to U.S. workers.

INSTRUCTIONS

Complete the form and keep the original in the department's files. Submit a photocopy to OISS including supporting documents used to determine the actual wage. Keep the original in the department's files.

Per the US Dept. of Labor regulations, this form along with salary information for other similarly US workers will be kept at the place(s) of employment in a separate file and made available for <u>public examination</u>. A second copy of these documents will be kept at the Office of International Students and Scholars for US Department of Labor inspection only.

When the pay is adjusted for the other employees during the H-1B/E-3 authorized period of employment, such adjustment shall be provided to all similarly H-1B/E-3 employees, unless the prevailing wage is higher than the adjusted actual wage. Such examples of pay adjustments are, but not limited to: cost of living increase, periodic adjustments, or the employee moves to a more advanced level in the same occupation, etc. A new Actual Wage Determination Form is be completed and kept in the department's files also to document the change in salary.

Name of the H-1B/E-3 Employee:		Job Title and UC Payroll Title:			
Name of UCSB Employing Department/Research Center:					
Intended Dates of H-1B/E-3 Employment: (in MM/DD/YYYY format): Start Date: End Date:					
- The start date may not be more than 6 months in advance of the H-1B/E-3 request - The period of employment may not to exceed the maximum period of request: 3 years for H-1B / 2 years for E-3					
Offered Salary:	Percentage of Time:	If Part Time, indicate the work hours/week and salary in hourly rate: (Divide annual salary by 2080 for hourly rate)			
		(Divide annual salary by 2000 for nourly rate)			
		Work Hours:	Salary: \$	per hour	
Select ONE of the following:					
The total number of other employees in the department with the same job title and with similar experience and qualification as the H-1B/E-3 employee:					
The salary range for these employees is: from: \$ to: \$					
	yees who share the same jo ge is the salary offered to	bb title and have similar experier	nce and qualifications a	as the H-1B/E-3	

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 Identify which of following factor(s) that contributed to determining the offered salary. (Select all that applies)

 Experience
 Qualifications
 Education
 Job responsibility and function
 Specialized knowledge
 Other legitimate factors that conform the recognized principles or can be demonstrated by accepted rules and standards in the industry, i.e. UCSB pay scales, Union (CBA) pay scales.

 NOTE: Minimum requirements for the job position are not the same as the employee's qualifications and experience.

 Provide a written explanation based on the factor(s) selected above that were used to make the actual wage determination. Attach any supporting documentation if needed.

ATTESTATION BY THE EMPLOYER

I hereby certify that the information on this form is correct and complete.

The H-1B/E-3 employee will be paid either the actual wage or the prevailing wage at the place(s) of intended employment, *whichever is higher*, for the entire period of H-1B/E-3 employment.

If there are changes to the wage rate during the period of the certified Labor Condition Application, such adjustments will be documented with a new Actual Wage Determination Form and the increase in salary will be paid to both the H-1B/E-3 employee and other employees in a similar position.

Name of the H-1B/E-3 Employee's Supervisor or Principle Investigator:			
Signature:	Date:		