



ACTUAL WAGE DETERMINATION FORM

School: _____
Department: _____
Actual Wage to be Paid Employee: _____ per _____
(if part-time teaching, please put hourly rate per contact hour)

The Immigration and Nationality Act requires that the wages paid to E-3 non-immigrants be at least the higher of the **actual wage** rate paid to all other workers with similar experience and qualifications for the specific employment in question or the **prevailing wage** rate for the occupational classification in the area of employment.

The Labor Condition Application (LCA), which must be filed with the E-3 application requires that the petitioner attest to the above.

In determining the **actual wage** rate paid to all other workers with similar experience and qualification, the following objective factors may be considered (the use of all or any of these factors is at the employer’s discretion):

- a) experience;
- b) qualifications;
- c) education;
- d) job responsibility and function;
- e) specialized knowledge;
- f) other legitimate business factors

In addition, in determining the actual wage rate paid to all other workers with similar experience and qualifications, the following factors must NOT be considered;

- a) sex; b) race; c) national origin; d) age; e) religion;
- f) foreign national willing to work for less;
- g) foreign national salary parity with peers in home country;
- h) foreign national abilities/qualifications irrelevant to the position

The undersigned attests that the actual wage rate concerning the alien above has been determined and that documentation and proof presently exists and can be made immediately available if necessary (for a period beginning now until one year after the end date of employment).

Signatory Name

Signature

*Dept. Administrator/HR Administrator/Chair, etc. signature requested.
The signature may be anyone that is authorized to make these attestations.
This may be an electronic signature.*

Date