

Requesting department: _____

Department location:

- Campus address: _____
- Physical location address: _____

Beneficiary work location (including room number)

- Physical location address: _____

Will the beneficiary be permitted to work at a secondary location or remotely? ☐ No ☐ Yes

If yes, provide address: _____

Note: Inform International Student and Scholar Services in advance of any work conducted outside of Boone County. Work lasting longer than a week outside of Boone County may require authorization from the Department of Labor. The department and beneficiary must notify International Student and Scholar Services of changes in worksite to avoid violating the beneficiary's immigration status.

Any additional information the department would like to provide:

Statement of actual wage determination

The person in the department who is responsible for employment issues should complete this form. The prospective employee should not have access to the information required in this form as payroll information is confidential.

Documentation on the actual wage determination is required by Department of Labor regulations to ensure that employers are paying similarly situated employees equivalent salaries. This statement must specify the criteria used by the employer to differentiate among employees included in the same occupation with similar experience and education.

Beneficiary name: _____
Last/family name First/given name Middle name

Which of the following factors were considered in determining salary?

- ☐ Degree(s) earned
- ☐ Area of specialization
- ☐ Previous work experience
- ☐ Comparable rate of pay at similar institutions
- ☐ Other (please explain): _____

Will travel be required to perform job duties? ☐ No ☐ Yes

If yes, provide details of the travel required, including the area(s), frequency and nature of travel.

Documentation of employees in same job classification

Are there currently employees in the department with the same or similar job title, skills, education and experience?

☐ No ☐ Yes

If yes, include this information in the chart below. The beneficiary must not be paid less than all other similarly situated employees.

Name	Position title	Degree	Years at MU	Annual salary	If salary is higher, explain why

Training, expertise and skills required for appointment

List only the minimum job requirements. Do not list the preferred job requirements or the beneficiary's credentials.

Type of H-1B: ☐ New employment ☐ Extension ☐ Change of employer ☐ Amendment

Dates to be covered by petition — begins: _____ ends: _____ (should not exceed three years)

Job title: _____

Is the position a postdoctoral research appointment? ☐ No ☐ Yes

Duration of appointment: ☐ 9 months ☐ 12 months

☐ Full-time — total hours per week: _____; salary offered: \$_____ per year

☐ Part-time — total hours per week: _____; salary offered: \$_____ per week

Daily work schedule (e.g., 8 a.m.–5 p.m.): _____

Provide a clear and concise description of the position. What are the most important characteristics of the job? If there are teaching responsibilities, provide the title of the course(s) that the employees will teach. Attach a copy of the job posting, if applicable.

Does this position supervise other staff members (do not include student workers)? ☐ No ☐ Yes

If yes, how many? _____

What is the **minimum education** required for this job? Do not indicate what is preferable, only what is **required** for this position. Specify degree and major field of study:

- ☐ Bachelor's degree: _____
- ☐ Master's degree: _____
- ☐ Doctorate: _____
- ☐ Other degree: _____

Is post-graduation employment experience required? ☐ No ☐ Yes

If yes, how many months of experience are required? _____

Special requirements: List specific skills, licenses/certificates/certifications or other requirements needed to perform this job.

I hereby certify that the salary listed above reflects the wage level paid to all other individuals with similar experience and qualifications working in this department. If there is more than one wage paid, I can explain the reason(s) for this differential in wage rates.

Name: _____ Title: _____
Person completing this form

Signature: _____ Date: _____