



Actual Wage Questionnaire

Name of E-3 Employee: _____

Position Title: _____

Proposed Salary: _____

How many employees are in your department with the same position title with similar education, experience and job duties? _____

Please list the Employee ID, start date and salary of the individuals identified above. If you require additional spaces, please attach a separate sheet using the same format.

Employee ID	Start Date	Salary

Further, I attest to the following:

1. The E-3 non-immigrant will be paid the higher of either the actual or prevailing wage and is eligible for the same benefits as other similarly employed individuals.
2. The employment of this individual will not adversely affect working conditions of the individuals listed above.
3. There is no strike, lockout or work stoppage in this department for the position indicated above. Should such an event occur, the department will notify OIS immediately.

Department/Personnel Administrator Signature: _____

Date: _____