



Actual Wage Form

Please complete this form and return it to scholars@brandeis.edu. Please do not indicate the applicant's name on this form.

Person preparing application: _____ Tel: _____ Email: _____

Department/Laboratory: _____

Brandeis job title: _____

Supervisor: _____

Period of employment: _____ to _____
(Month/Day/Year: 3 year maximum)

Applicant's annual salary: \$ _____

Please provide the salary range of individuals (both foreign and American) within your department or laboratory with the same job title and similar qualifications as the applicant. \$ _____ to \$ _____

Please check which of the following factor(s) were considered in determining the applicant's salary:

- Degree(s) earned
- Area of specialization
- Previous work experience
- Comparable rate of pay at similar institutions
- Determined by funding source (grant, etc.)

If the above does not fully describe the factors used to determine the salary for similarly employed individuals, please use this space to explain your compensation system.

Fringe benefits accruing to the position (check one):

- Faculty
- Staff
- Post-doc

Are these benefits the same for all employees who are "similarly employed?" Yes No

Please note: If an alien in this visa category is dismissed for any reason prior to the end of the authorized period of stay, your department is responsible for paying the cost of his/her transportation to the home country.

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/Laboratory. If there is more than one wage paid, I am able to explain the reason(s) for this differential in wage rates. If required to do so, I am able to provide documentation, which must include the names and payroll records of similarly employed individuals, to the Department of Labor to verify these statements.

Signature of Chair of Department, or someone with hiring authority

Print Name

Date