



**FORM B**  
**ACTUAL WAGE INFORMATION**  
*To be completed by the hiring department*

DEPARTMENT INFORMATION			
DEPARTMENT NAME	DEPARTMENT CONTACT	PHONE	FAX

SCHOLAR (APPLICANT) INFORMATION			
FAMILY NAME	GIVEN (FIRST) NAME	MIDDLE NAME	JOB TITLE
			SALARY OFFER TO APPLICANT
			\$ _____ per month per year

**PLEASE PROVIDE THE SALARY RANGE OF INDIVIDUALS IN YOUR DEPARTMENT OR LABORATORY WITH THE SAME JOB TITLE AND SIMILAR QUALIFICATIONS AS THE APPLICANT. CONTACT YOUR DEPARTMENT'S HUMAN RESOURCE SPECIALIST FOR THE ACCURATE AND CURRENT INFORMATION.**

\$ _____	to	\$ _____	per month	per year
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NUMBER OF EMPLOYEES INCLUDED IN THIS RANGE: _____	NUMBER OF EMPLOYEES WITH A SALARY HIGHER THAN THE APPLICANT: _____
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If there are no other employees within your department or laboratory with a similar job title or duties, please list the department that most closely compares to your department:

**WHICH OF THE FOLLOWING FACTORS WERE CONSIDERED IN DETERMINING THE APPLICANT'S SALARY (PLEASE CHECK ALL THAT APPLY):**

- |   |   |
|---|---|
| Degree(s) earned<br>Previous work experience<br>Academic honors<br>Area of specialization<br>Supervisory responsibilities<br>Other: | Comparable rate of pay at similar institutions<br>Determined by funding source (i.e., grant)<br>Particular skills this individual possesses<br>Demonstrated decision-making ability |
|---|---|

**IF ONE OR MORE EMPLOYEES WITHIN YOUR DEPARTMENT OR LABORATORY WITH THE SAME JOB TITLE OR SIMILAR DUTIES MAKES A HIGHER SALARY THAN THE APPLICANT, PLEASE EXPLAIN IN DETAIL WHY THE APPLICANT'S SALARY IS LOWER. UTILIZE THE FACTORS LISTED ABOVE IN YOUR EXPLANATION WHEN POSSIBLE.**

I certify that the salary listed above reflects the wage level paid to all other individuals with similar experience and qualifications working in this department/center/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 that will include the names and payroll records of similarly-situated employees to verify these statements for the Department of Labor.

\_\_\_\_\_  
 Signature of Department Host/Supervisor

\_\_\_\_\_  
 Date