



ACTUAL WAGE DOCUMENTATION

CONFIDENTIAL—For Department of Labor Inspection File ONLY

Name of Employee: _____

Official UA Position Title: _____

Total number of individuals having similar experience and qualifications (such as education, job responsibility and function, specialized knowledge etc.) for the specific employment in question: _____

In the spaces below, list all employees in the department who hold the above listed title AND:

- 1) Have the same type of duties and responsibilities as the beneficiary of this petition AND
- 2) Have qualifications, education, and experience similar to the beneficiary of this position.

If no employees in the department hold the same title listed above, please mark N/A in the boxes below.

EMPLOYEE	START DATE	CURRENT SALARY
A.		
B.		
C.		
D.		
E.		
F.		
G.		
H.		
I.		

(USE ADDITIONAL PAGES, IF NEEDED)

