MONTCLAIR
S T A T E   U N I V E R S I T Y

O-1 Wage and Position Details
Office of University Counsel

Please complete the form in its entirety, submit a signed copy to the Office of University Counsel, and keep a copy for your records. **Please e-mail the signed copy of this form to Elizabeth Gill, Director of International Employment and Immigration in the Office of University Counsel, at gille@montclair.edu.**

Employee/Prospective Employee's Name: _____

Employee/Prospective Employee's Title at MSU: _____

College/School/Department: _____

Please attach a copy of the job description for the above-named employee's position.

1. Employee/Prospective Employee's Salary: _____ Rate of pay: _____ (annual, biweekly, etc.)

2. Source of Salary (i.e., where do the funds originate?): _____

3. Is the salary for this position determined by a collective bargaining agreement (i.e., a union)? _____

    3a. If yes, what is the name of the union? _____

    3b. If yes, what are range _____ and step _____ for the salary?

4. Please specify any benefits (e.g., "standard tenure-track faculty benefits," "no benefits," etc.) this

position will receive: _____

5. List the education or minimum degree required (not preferred) for the position: _____

_____

6. Will work be performed in multiple worksites other than Montclair State University's campus

located at 1 Normal Ave., Montclair, NJ 07043?   Yes   No

If yes, please provide names and addresses for all locations: _____

_____

7. Is this position full-time or part-time? _____ If part-time, please indicate the minimum

 number of hours per week that employee will work: _____

8.   Will travel be required in order to perform the job duties?   Yes   No

I certify that the salary and job information contained herein are accurate to the best of my knowledge. Further, I certify that I will notify the Office of University Counsel if there is a substantial change in the employee's job description, salary or the employee's job title.

SIGNATURES

Dean/Executive Director/VP of Sponsoring Department/School

Name: _____

Title: _____

Department/School: _____

Email Address: _____

Phone Number: _____

Signature: _____ Date: ____/____/_____

Department Chair/Director of Sponsoring Department/Office

Name: _____

Title: _____

Department/Office: _____

Email Address: _____

Phone Number: _____

Signature: _____ Date: ____/____/_____