



Labor Condition Application (LCA) documentation

The University must attest to four statements when filing an LCA:

- a) Wages: Pay non-immigrants at least the local prevailing wage or the employer’s actual wage, whichever is higher, and pay for non-productive time. Offer non-immigrants benefits on the same basis as U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, functions which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. 20 CFR 655.731;
b) Working Conditions: Provide working conditions for non-immigrants that will not adversely affect the working conditions of workers similarly employed. The employer’s obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to the LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
c) Strike, Lockout, or Work Stoppage: At the time of filing the LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733;and
d) Notice: Notice of the LCA filing was provided no more than 30 days before the filing of the LCA or will be provided on the day the LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer’s public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

The prevailing and actual wage must be determined. The University is required by law to pay the H-1B non-immigrant employee either 100% of the prevailing wage or 100% of the actual wage, whichever wage is higher.

The LCA is a document that could expose the University to liability. Any aggrieved person may file a complaint against the University with the DOL. If the University is found to be in violation of one of the statements it attests to complying with on the LCA, the University may be debarred from filing any petitions or extensions with the Department of Labor and U.S. Citizenship and Immigration Services for one year. This debarment would affect all foreign national students, exchange visitors and faculty at the University. In addition, the University could be charged fines and payments for back wages to foreign employees.

Attest to the following:

- 1. The undersigned confirms that he or she is authorized to offer this position to the H-1B employee and that the information contained in this request is correct according to the best information available.
2. The undersigned agrees to ensure compliance by the hiring department with the above listed attestations, a–d, required by the U.S Department of Labor.
3. As required by the U.S. Citizenship and Immigration Services, the hiring department agrees to pay the reasonable cost of return transportation for the H-1B employee to his or her home country, if he or she is dismissed before the end of the H-1B validity period of work authorization.

Nameprinted _____

Department Chairperson or Division Chief

Signature _____ Date _____

Department Chairperson or Division Chief

Name of H-1B employee _____
 Surname or family name Given name Middle name

ISO USE ONLY
Actual Wage: _____
Prevailing Wage: _____

Required wage rate - the rate of pay, which is the higher of:

1. 100% of the actual wage for the specific employment in question; or
2. 100% of the prevailing wage rate (determined as of the time of filing the LCA) for the occupation in which the H-1B non-immigrant is to be employed in the geographic area of intended employment.
3. The required wage can exceed the above criteria, however it cannot be less than the above criteria.

Determination of Wage paid to H-1B employee in the position of: _____
 _____ Position title

Describe **methodology**, factors, and reasons used to determine wage paid to above-named H-1B employee. For example, did you use a survey (such as the NIH Professional Association survey)? If so, please attach a copy. Did you use a salary guide or formula to determine the wage? If so, please attach a copy or explain the method or process.

 Printed name of Department Chairperson or Division Chief

 Signature of Department Chairperson or Division Chief

 Date