



International Faculty Services Office

WORKSHEET FOR LABOR CONDITION APPLICATION

Please complete the following:

Name of the Employee(beneficiary):

_____ Last First _____

Employing Department(petitioner):

Department Phone Number

Fax #

Account Number

City of Employment:

(For billing certified mail & fax fees)

Job Title:

Job Description

Number of Workers
Employee will
Supervise:

Minimum
Degree
Required:

Field:

Please specify

Minimum Experience

(Number of years of experience required for this particular job after completion of the required degree, not the amount of experience the prospective employee has

Dates

From:

to:

of Employment:

Dates must agree with the dates of employment on H-1B petition and may not exceed current fiscal year unless funds for reappointment are available.)

Proposed

Salary:

For:

months

Please specify full-time annual salary (9 months, 12 months etc.)

If position is part-time, please indicate:

Hrs/week

Salary \$

Account Number:

(Fiscal year 2001)

Account Number:

(Fiscal year 2003)

Account Number:

(Fiscal year 2002)

I hereby certify that the salary listed above for the beneficiary reflects the wage level paid to all other individuals with similar experience and qualification working in this Department. 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 includes the names and payroll records of similarly employed individuals to the Department of Labor to verify these statements.

Signature of Head Department/Chairman

Date

Title