

H-1B APPLICATION DOCUMENTS CHECKLIST

<u>Attached</u>	<u>Not Required</u>
-----------------	-------------------------

H1B Worksheet completed by beneficiary with all required documentation.

LSUHSC-9 PRIOR APPROVAL FOR HIRE (OR EXTENSION) OF H-1B NONIMMIGRANT WORKERS: Complete and submit with application to International Services Office with appropriate departmental signatures. The *International Services Office will obtain signature of the Dean.*

A position description, training plan and/or job advertisement which details, minimum requirements and job duties should be attached.

LSUHSC-11 INFORMATION FOR PREVAILING WAGE DETERMINATION: Complete and submit with application. This form will be used to make a “prevailing wage” determination using the OFLC Online Wage Data.

LSUHSC-12 LSUHSC ACTUAL WAGE REQUEST: Complete for submission with application.

LSUHSC-13 LSUHSC ACTUAL WAGE DETERMINATION: Complete for submission with application.

LSUHSC-15 NOTICE TO EMPLOYEES: The sponsoring department is required to post **two** LSUHSC 15s at every work location for 10 working days. After removal of postings, the *originals* must be submitted to the International Services Office for the Inspection Files. **The H1B petition will not be submitted until properly completed LSU HSC-15s are obtained for each work location.**

LSUHSC-16 WORKING CONDITIONS REPORT: Complete and submit with application for the Public Inspection File.

LSUHSC-19 DEEMED EXPORT ATTESTATION: Must be completed and have all required signatures through department head. ISO will obtain signature from the Research Office.

LSUHSC-20 RESPONSIBILITY AGREEMENT: Must be completed and have all required signatures through department head.

HRM credential approval (CM-34) required for all NEW LSUHSC employees.

Copy of written contract OR signed letter of offer between LSUHSC New Orleans and (proposed) employee

Copy of PeopleAdmin OR paper funding sheet (old paper PER 1 equivalent)

For physicians to perform direct patient care in the U.S.

- ✓ Copies of United States Medical Licensing Examination (USMLE) Steps 1, 2, and 3 and;
- ✓ Copy of valid ECFMG Certificate and;
- ✓ Copy of actual license to practice in Louisiana from Louisiana State Board of Medical Examiners OR a Letter from LSBME indicating that (proposed) employee is eligible to obtain Louisiana license.
- ✓ USMLE EXCEPTION: (Clinical trainees not eligible for this exception) In some cases, senior faculty may not have completed USMLE 1,2, and 3 and may be eligible for an exception allowing for “patient care which is incidental to teaching and research” to be determined by the School of Medicine Dean’s Office.

For Dentists/Dental Fellows/Residents Engaging in Patient/Clinical Care

- ✓ Copy of full or restricted license to practice in Louisiana from Louisiana State Board of Dentistry OR a Letter from LSBDE indicating that (proposed) employee is eligible to obtain Louisiana license.

LSUHSC-9
H-1B NONIMMIGRANT WORKER PRIOR APPROVAL FOR HIRE (OR EXTENSION)

- ☐ New Hire or Change of Status to H1B
☐ Extension for current LSU HSC H1B employee
☐ Change of Employer for current H1B beneficiary

FACULTY SPONSOR: _____ DEPARTMENT: _____

Dept. Address: _____ Dept. Contact: _____

Dept. Contact Phone: _____ Dept. Contact Email: _____

POSITION TITLE: _____ PROPOSED SALARY: _____

***Attach Position Description, approved Training Plan and/or Advertisement.**

FEDEX ACCOUNT# _____ (required)

PROPOSED DATES OF EMPLOYMENT*: FROM: _____ To: _____

**See form instructions for information on how to choose dates*

PATIENT CARE/CONTACT REQUIRED: Yes No

LICENSE REQUIRED: Yes No

WILL ANY WORK BE PERFORMED OFF SITE?* YES NO

For purposes of an H1B petition, "off site" is considered to include locations where actual productive work will be performed, but which are not offices/facilities/locations of the petitioner (LSUHSC).

Off site does **not** include locations where occasional lectures, educational conferences or meetings may take place.

=====

NAME OF PROPOSED BENEFICIARY

LAST : _____ FIRST: _____ M: _____

DOES THE ALIEN SPEAK FLUENT ENGLISH: Yes No

HOW HAS ENGLISH FLUENCY BEEN VERIFIED? Interview Phone Call Other: _____

Department agrees to pay for the following fees associated with this H-1B filing:

\$460 I-129 petition \$500 fraud prevention (n/a to extension of current LSUHSC employee) \$2,965 premium processing

USCIS will now only accept electronic funds. ISO will initially pay via P card, and reallocate expenses to the dept account(s) indicated

_____	Distribute between	_____	\$ _____
Dept. Account # (to allocate total expense)	two accounts	1st Dept. Account #	Amount
		_____	\$ _____
		2nd Dept. Account #	Amount

=====

Departmental Approvals:

Date:

Funds Approved/Business Manager: _____

Section Head (if applicable) _____

Department Head: _____

International Services: _____

Dean: _____

**LSUHSC-11
H-1B PREVAILING WAGE REQUEST**

EMPLOYER'S NAME & ADDRESS:

LSU Health Sciences Center
433 Bolivar Street, Suite 206B
New Orleans, LA 70112-2223

ADDRESS(ES) WHERE WORK WILL BE PERFORMED (include full address and parish):

NATURE OF EMPLOYER'S BUSINESS ACTIVITY: Higher Education, Research and Patient Care

TITLE OF POSITION BEING FILLED: _____

BASE HOURS/WEEK: _____

JOB DUTIES (include all possible duties for the position, even if not performed at present):

PROPOSED SALARY: \$_____ **Base:** _____/ **Supplement:** _____

***Proposed salary should only include guaranteed wages. Do not include supplement if not guaranteed as part of wages.**

MINIMUM EDUCATION REQUIRED (Degree and Field of Study): _____

MINIMUM EXPERIENCE REQUIRED: _____

(N/A or 0 if none or definite number; 6 months, 1 year)

PROFESSIONAL LICENSE REQUIRED: _____

TITLE OF POSITION'S IMMEDIATE SUPERVISOR (not name): _____

NUMBER OF EMPLOYEES POSITION TO SUPERVISE: _____

(N/A or 0 if none, definite number if known, or a range, 0-3 are acceptable. TBD is not an acceptable response.)

ALL INFORMATION PROVIDED ON THIS FORM SHOULD BE ABOUT THE POSITION'S REQUIREMENTS, NOT THE PROPOSED HIRE/EMPLOYEE'S CREDENTIALS/QUALIFICATIONS!!

SIGNATURE: _____ **DATE:** _____
(Faculty Sponsor)

LSUHSC-12
LSUHSC ACTUAL WAGE REQUEST

DATE: _____

To: Mr. Nick Jones | Human Resource Management, LSUHSC

For: H-1B Public Inspection File

RE: Actual wage information related to the employment of an H1B Nonimmigrant Worker

With regard to the H-1B nonimmigrant worker position, we provide the following information:

JOB TITLE: _____

PROPOSED ANNUAL SALARY:_____ **Base:**_____/ **Supplement:** _____

MINIMUM EDUCATIONAL REQUIREMENT FOR POSITION:_____

FIELD OF STUDY REQUIRED: _____

ALIEN'S QUALIFICATIONS (academic degrees, experience, special attributes):

Based upon alien's academic background, experience and level of expertise, I have determined that the actual wage for his/her proposed position is stated above. Factors considered include the following:

The purpose of this memo is to request that your office provide, based upon the best information available to it, an actual wage or a range of actual wages paid to comparable workers at LSUHSC at this time.

Thank you for your assistance.

Faculty Sponsor Typed Name

Faculty Sponsor Signature

LSUHSC-13
LSUHSC ACTUAL WAGE DETERMINATION

Return to: Remy Allen
Director of International Services
433 Bolivar Street, Suite 205
New Orleans, LA 70112-2223

Date: _____

Department/School: _____

Position: _____

↑ COMPLETED BY DEPARTMENT

↓ COMPLETED BY HUMAN RESOURCE MANAGEMENT

Regarding the above-captioned prospective H-1B nonimmigrant worker, we have determined that the actual wage or range of actual wage at LSUHSC for comparable positions as of (date of determination) _____ is \$ _____ to \$ _____ per year.

The method used for calculating this wage: _____

Nick Jones
Human Resource Management

LSUHSC-15
NOTICE TO EMPLOYEES

PLEASE TAKE NOTICE that Louisiana State University Sciences Center has filed/will file a Labor Condition Application (LCA) with the United States Department of Labor and that the LCA is available for public inspection at:

433 Bolivar Street, New Orleans, LA 70112.

The posting of this notice is required by Federal Regulations as part of the process of legally classifying a particular temporary worker under U. S. Immigration Law. It is not an announcement of a job vacancy. This notice refers to a worker who has already been selected for a particular position as described.

NUMBER OF H-1B WORKERS SOUGHT: 1

JOB TITLE: _____

ANNUAL WAGES OFFERED*: _____ (Base: _____/Supplement: _____)

***Proposed salary should only include guaranteed wages. Do not include supplement if not guaranteed for the full 3 years.**

PERIOD OF EMPLOYMENT**: FROM: _____ TO: _____

****This notice must indicate dates of employment for a full three year period.**

List **ALL** locations at which the H-1B worker will be employed:
(include full street address and parish)

Complaints alleging misrepresentation of material facts in the Labor Condition Application and/or failure to comply with the terms of the Labor Condition Application may be filed with any office of the Wage and Hour Division of the United States Department of Labor.

DATE POSTED: _____

Location Posted #1: _____

BY: _____

(Check location where notice posted (1or 2) and highlight corresponding work address above for locations.)

DATE REMOVED: _____

Location Posted #2: _____

BY: _____

(Check location where notice posted (1or 2) and highlight corresponding work address above for locations.)

A completed LSUHSC-15 **MUST** be posted in **“two conspicuous locations”** at each work location for a minimum of **ten working days**. (Break Room, HR, Job Board, Near other required notices). **Federal and State holidays, as well as days/partial days when the work location/HSC may be closed do NOT count toward the 10 day period (Hurricanes, etc.)**

COPY/PRINT AS NEEDED FOR POSTING AT EACH LOCATION

LSUHSC-16
WORKING CONDITIONS REPORT

DATE: _____

NAME OF H-1B WORKER: _____

JOB TITLE: _____

DEPARTMENT: _____

This will confirm that the above (proposed) employee will be afforded working conditions on the same basis, and in accordance with the same criteria, as offered to U.S. workers in the same or similar occupation.

Faculty Sponsor Name

Faculty Sponsor/Supervisor Signature

LSUHSC-19
DEEMED EXPORT ATTESTATION

Beneficiary Last Name: _____

First Name: _____

Date of Birth: _____

Email Address: _____

Citizenship Country: _____

Country of Permanent Residence: _____

Proposed Job Title: _____

Proposed Hire Date: _____

Brief Description of Beneficiary's Job Duties (attach sheet if necessary):

All I-129 petitions now require a mandatory certification regarding the release of controlled technology or technical data to foreign persons in the U.S. All investigators and departments have been made aware of International Traffic in Arms Regulations (ITAR) and Export Administration Regulations (EAR), including "dual use items", deemed exports and the Commerce Control List (CCL)) which can be found at http://www.lsuhs.edu/no/administration/rs/IBC_Biosafety/default.htm . For purposes of accurately preparing Part 6 of Form I-129, please answer the following questions after review of the above website:

Yes No (1) Will the beneficiary be provided access to any LSU System-owned technical data or technology that is considered proprietary or confidential to the LSU System?

If yes, please attach a separate page with an explanation

Yes No (2) Will the beneficiary be provided access to any third party-owned technical data or technology that is considered proprietary or confidential to the third party owner? This includes US government furnished technical data with dissemination controls or other restrictive markings, as well as ITAR-controlled items.

If yes, please attach a separate page with an explanation

Yes No (3) Will the beneficiary be provided access to equipment specifically designed or developed for military or space applications or be involved in any Department of Defense research projects?

If yes, please attach a separate page with an explanation

Yes No (4) Will the beneficiary be involved in any research projects?

If yes, will any of the research be sponsored, in whole or part, by either the institution or an external sponsor, including the federal government? **Yes No**

If yes, please provide the project name and IBC identification #:

If the beneficiary will be involved in research, please attach or describe the research that will be performed and/or expected including whether the research results will be taught, published, or otherwise shared with the interested public.

Based on the information provided above, with respect to the technology or technical data the LSUHSC will release or otherwise provide access to the beneficiary, the faculty sponsor/department certifies it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) determining:

A license **is not** required from either US Department of Commerce or the US Department of State to release such technology or technical data to the foreign person; or

A license **is** required from the U.S. Department of Commerce and/or the US Department of State to release such technology or technical data to the beneficiary and the petition will prevent access to the controlled technology or technical data by the beneficiary until and unless the LSUHSC has received the required license or other authorization to release it to the beneficiary.

By signing below I certify that all information contained herein is true and correct to the best of my knowledge. (Please note that inaccurate statements may cause LSUHSC-NO and/or its employees to be subject to criminal sanctions for false or inaccurate statements to the government with additional penalties possible for failure to comply with EAR and ITAR regulations for export controls.

Sponsoring Department: _____

Business Manager Name: _____ Signature: _____ Date: _____

Faculty Sponsor Name: _____ Signature: _____ Date: _____

Department Head Name: _____ Signature: _____ Date: _____

Reviewed by the LSUHSC Office of Research Services/Institutional Designee:

Name: _____ Signature: _____ Date: _____

LSUHSC-20
AGREEMENT TO ACCEPT RESPONSIBILITY FOR H1B EMPLOYEE

Name of proposed H-1B employee: _____

The U.S. Citizenship and Immigration Service and U.S. Department of Labor have specific regulations regarding H-1B employees. When sponsoring an H1B employee, LSUHSC has certain obligations with regard to those employees:

- Faculty members who request to sponsor H1B employees are bound by the professional and ethical obligations described in the Faculty Handbook, including: "...[P]rofessors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates. In the exchange of criticism and ideas professors show due respect for the opinions of others... It is the basic principle that every member of the faculty of whatever rank shall at all times be held responsible for competent and effective performance of appropriate duties." (See [Faculty Handbook](#) at 10.2 and 10.5.1)
- The department agrees to accept fiscal responsibility for the H1B employee for the **entire** period requested and certify that the department has sufficient funding to support the H1B employee's salary (and supplement, if applicable) for the **entire** period requested.

As the signatory for all H1B petitions filed by LSUHSC, the ISO Director makes the final decision of whether action relative to the visa or immigration status of an H1B employee is appropriate or required.

- No faculty sponsor or department head may threaten, imply or suggest possible adverse action with regard to an H1B employee's visa or immigration without prior consultation and approval from ISO.
- LSUHSC policies provide employees protection from discrimination, including discrimination based on national origin. (Please see [CM-10](#), [Faculty Handbook](#) 4.5.2 and 10.6.3.) H1B employees may not be treated differently because of their H1B status.

CERTIFICATION BY DEPARTMENT

*Should any problem occur with the H1B employee regarding employment, finances, etc., we agree to notify international services **prior** to initiating any action regarding the H1B employee, **including placing an employee on Leave Without Pay**. In addition, we agree to follow the appropriate standard LSUHSC procedures in remedying such problems. **We have read and agree to the above stated terms required to sponsor an H1B employee in the department.***

BUSINESS MANAGER: _____ DATE: _____

FACULTY SPONSOR: _____ DATE: _____

DEPARTMENT HEAD: _____ DATE: _____