



H-1B Request Form

(Completed by Hiring Department)
Office of International Students & Scholars
Tel: 610-758-4859, Fax: 610-758-5156

Type of Petition (select one):

- Initial Employment (first time working at Lehigh University in H-1B status)
- Extension- Continuation of previously approved H-1B employment without substantial changes
- Amendment- Substantial change in previously approved H-1B employment
- Concurrent Employment- Will continue at another place of employment and will work simultaneously at Lehigh

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| Employee (Beneficiary Information): | |
| Name (<i>Last, First, Middle Initial</i>): | |
| Email address: | |
| Is employee currently in the U.S.? <input type="checkbox"/> YES or <input type="checkbox"/> NO | |

| | |
|---|---------------------------|
| Hiring Department/ Supervisor Information: | |
| Hiring Department: | Contact Information: |
| Name of Supervisor: | Supervisor Title: |
| Supervisor Phone #: | Supervisor Email Address: |
| Departmental Index number*: | |

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| Position Information: | |
| Requested Employment Dates (not to exceed three years): _____ to _____ | Wages/Year: |
| Position Description (non-technical): | |
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H-1B Conditions Acceptance

The Department understands that *(please initial)*:

_____ The employment of the H-1B nonimmigrant will not adversely affect the working conditions of employees similarly employed in the area.

_____ The salary being paid to the above-named employee is at least the actual wage being paid to all other individuals with similar experience and qualifications for the specific employment in question or the prevailing wage level for the occupation, whichever is higher.

_____ A notice of filing will be sent to you and will be posted for 10 working days in at least two conspicuous locations where the H-1B nonimmigrant will be employed.

_____ The vacation time, sick leave and other benefits offered to this employee are equivalent to that offered to other U.S. workers in the same classification.

_____ Any change in employment or material change in working conditions must be reported to OISS immediately. This includes changes in responsibilities, such as reassignment of duties, changes in salary or if the employee is assigned to a position at a new location.

_____ The H-1 may not receive payment from any source other than Lehigh University payroll unless under concurrent H from other employer.

_____ If the department terminates this employment before the expiration of the H-1B status, the department is required to report this immediately to OISS and is responsible for the reasonable transportation costs of returning the employee to their home country.

Signature

As Department Head, I understand the conditions as stated above and will comply with all requirements.

Signature: _____ Date: _____

This form should be completed based on information for the position, not the individual. This information is required for OISS to obtain the prevailing wage from the U.S. Department of Labor.

| Position Information | |
|---|---|
| Position Title: | <input type="checkbox"/> Full-Time OR <input type="checkbox"/> Part-Time* If PT, # of hours of work/week: *Complete PT certification sheet. |
| Is position eligible for overtime? <input type="checkbox"/> Yes OR <input type="checkbox"/> No | Hourly work schedule: _____ to _____ |
| This position is a <input type="checkbox"/> 12-month appointment OR <input type="checkbox"/> 9-month appointment. | |
| Title of worker's immediate supervisor: | |
| Description of the duties to be performed (may use technical terms): | |
| Minimum degree required: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate/PhD <input type="checkbox"/> Other (specify JD, MD, etc.) | |
| Major fields of study required: | |
| Is a second U.S. diploma/degree required? <input type="checkbox"/> Yes OR <input type="checkbox"/> No | |
| Is employment experience required? <input type="checkbox"/> Yes OR <input type="checkbox"/> No If yes, specify the # of months/years required: | |
| Is training or professional license for the job required (this not does include on-the-job training, but a special training program)? <input type="checkbox"/> Yes OR <input type="checkbox"/> No If yes, please specify: | |
| Does the position include supervisory (non-student) duties? <input type="checkbox"/> Yes OR <input type="checkbox"/> No If yes, indicate the # and level of employees being supervised: | |

Will travel be required in order to perform the job duties? Yes OR No
If yes, provide details of travel (location, frequency and nature):

| Address Where Person Will Work: | | |
|---------------------------------|---------|-----------|
| Street: | City: | |
| State: | County: | Zip Code: |

Will work be performed at multiple worksites? Yes OR No

If yes, please attach to this form a list of complete addresses of all anticipated worksites. You do not need to list additional on- campus worksites, only those that are off- campus.

Statement of Actual Wage

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|--|---------|
| H-1B Employee's Name (<i>Last, First, Middle</i>): | |
| Position Title: | Salary: |
| Department: | |

In order to process this H-1B application, we must determine the actual wage being paid to all other individuals with similar experience and qualifications at the place of employment. Please provide the necessary information for all employees in your department who are similar to the H-1B in the terms specified below:

- No one in this unit is similar to the prospective H-1 in terms of education, experience and job responsibilities.
- Individuals in the positions listed below are similar to the prospective H-1B nonimmigrant in terms of all of the following- Same degree, same or related major field, same amount of post-graduation work experience, similar duties and responsibility, even if job title is different. Include U.S. workers and nonimmigrants in the assessment, but not the individual to whom the H-1B application pertains.

| Position Title (no names): | Salary: |
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Statement of Working Conditions

I certify that employing this H-1B nonimmigrant will not adversely affect the working conditions of workers similarly employed in the area of intended employment in regards to such matters as hours, vacation periods and fringe benefits. In the event that a complaint is filed, I will be able to show that the working conditions are similar to working conditions, which preceded the employment of the H-1B nonimmigrant.

Signature of Department Head or Director: _____ Date: _____

Print Name and Title: _____

H-1B Part-Time Certification

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Only complete this form if position is part-time

An H-1B worker may be employed part-time provided the Labor Condition Application (LCA) and H-1B petition state that the H-1B worker will work only part-time. For part-time positions, an employer must always express the prevailing wage as an hourly wage, even if the worker is paid a salary.

An employer may not sponsor an H-1B worker for full-time employment and then only pay him or her for part-time employment. A change from full-time to part-time is considered a material change that requires the employer to file an amended petition.

- DOL regulations required employers to keep records of “hours worked each day and each week” for all part-time H-1B employees regardless of whether or not the part-time employee is paid a fixed salary.
- Employer is required to keep such hourly records for its H-1B part-time salaried employees, even if it does not for other part-time workers.

This requirement places an additional burden on employers who hire part-time salaried employees for whose hours are not necessarily tracked. Departments who do not already keep records of hours worked for such employees face the choice of implementing a system to track hours worked by their part-time salaried H-1Bs or deciding not to do H-1B petitions for part-timers and adjuncts.

When hiring an H-1B for less than full-time the department agrees to keep track of all hours worked for this part-time employee and to have this written information available to give to the Department of Labor in case of an audit.

Name of Part-time Employee: _____

Department Chair Signature: _____

Date: _____