

ADDENDUM TO H-1B PETITIONS LABOR CONDITION APPLICATION REQUIREMENTS

THE IMMIGRATION ACT OF 1990 REQUIRES ALL EMPLOYERS TO SUBMIT A LABOR CONDITION APPLICATION TO THE DEPARTMENT OF LABOR, IN ADDITION TO THE FORMS REQUIRED BY THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES.

THE CHAIR OF THE EMPLOYING DEPARTMENT MUST CERTIFY THE FOLLOWING STATEMENTS AND COMPLETE THE REQUIRED INFORMATION:

NAME OF PROSPECTIVE H-1B EMPLOYEE:	
PAYROLL TITLE:	
ANNUAL SALARY:	
SALARY RANGE FOR THIS CLASSIFICATION:	
NUMBER OF HOURS PER WEEK ALIEN WILL BE EMPLOYED:	40
ANTICIPATED DATES OF EMPLOYMENT:	

WE CERTIFY THAT:

1. 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 OF THE OCCUPATION IN THE AREA OF EMPLOYMENT, WHICHEVER IS HIGHER.
2. THE VACATION TIME, SICK LEAVE, AND OTHER BENEFITS OFFERED TO THE ALIEN ARE EQUIVALENT TO THAT OFFERED TO OTHER U.S. WORKERS IN THE SAME CLASSIFICATION.
3. EMPLOYMENT OF THIS PERSON WILL NOT ADVERSELY AFFECT THE WORKING CONDITIONS (HOURS, SHIFTS, VACATION PERIODS, FRINGE BENEFITS, ETC.) OF SIMILARLY EMPLOYED WORKERS.
4. THERE IS NO STRIKE, LOCKOUT, OR WORK STOPPAGE DUE TO A LABOR DISPUTE IN THIS OCCUPATION.
5. A NOTICE OF OUR INTENT TO FILE THIS LABOR CONDITION APPLICATION HAS BEEN POSTED IN TWO CONSPICUOUS LOCATIONS AT THE PLACE OF EMPLOYMENT AND WILL REMAIN POSTED FOR TEN CONSECUTIVE DAYS.

DATES OF POSTING [MM/DD/YY]:	
LOCATIONS [EXACT LOCATION; E.G. ROOM #, BUILDING, ETC.]:	
OR	
WE HAVE NOTIFIED THE BARGAINING UNIT OR UNION (IF THIS IS A REPRESENTED JOB CLASSIFICATION) OF OUR INTENT TO FILE THIS LABOR CONDITION APPLICATION.	
DATE NOTIFIED [MM/DD/YY]:	

6. WE FULLY UNDERSTAND THAT MISREPRESENTATION OR WILLFUL FAILURE TO PAY WAGES OR MEET WORKING CONDITIONS AS REQUIRED MAY INCUR PENALTIES INCLUDING PAYMENT OF BACK WAGES, CIVIL MONEY PENALTIES, OR DEBARMENT OF UCI FROM THE EMPLOYMENT OF H-1B NON-IMMIGRANTS.
7. AS REQUIRED BY THE USCIS, WE AGREE TO PAY THE REASONABLE COST OF RETURN TRANSPORTATION TO THE ALIEN'S LAST PLACE OF RESIDENCE OUTSIDE THE U.S. IF HE/SHE IS DISMISSED BEFORE THE END OF THE AUTHORIZED PERIOD OF THE H-1B EMPLOYMENT AT UCI.
8. WE AGREE THAT PRIOR TO MAKING ANY CHANGES TO THIS APPOINTMENT, INCLUDING SALARY, TITLE, PERCENTAGE OF APPT., CHANGE OF DEPT., OR TERMINATION, WE WILL CONSULT WITH THE INTERNATIONAL CENTER REGARDING THE NECESSITY OF FILING AN ADDITIONAL LCA OR H-1B AMENDED PETITION AND TO FOLLOW INTERNATIONAL CENTER RECOMMENDATIONS IN ORDER TO FULLY COMPLY WITH FEDERAL REGULATIONS GOVERNING H-1B EMPLOYMENT.

CERTIFIED BY ALL OF THE FOLLOWING:

SUPERVISOR/ADVISOR [PRINT NAME]:		SIGNATURE:
DEPARTMENT CHAIR [PRINT NAME]:		SIGNATURE:
DEAN [PRINT NAME:]		SIGNATURE:
DEPARTMENT CONTACT [PRINT NAME:]		PHONE:

RETURN TO: SIMON JARUSAUSKAS, INTERNATIONAL CENTER, ZOT: 5255