

NOTICE OF INTENT TO FILE A LABOR CONDITION APPLICATION TO EMPLOY A NON-IMMIGRANT H-1B TEMPORARY WORKER			
DEPARTMENT:			
NUMBER OF H-1B NON-IMMIGRANTS SOUGHT:	ONE		
POSITION TITLE:			
FULL TIME (40 hours/week) OR PART TIME (concurrent H-1B's only):			
ANNUAL WAGE OFFERED: (or wage per hour if PT)	\$		
START OF EMPLOYMENT:		END OF EMPLOYMENT:	
LOCATION OF WHERE H-1B WILL BE EMPLOYED [CITY/COUNTY/STATE]:			
OCCUPATIONAL CLASSIFICATION:	OCCUPATIONS IN COLLEGE AND UNIVERSITY EDUCATION		
THE LABOR CONDITION APPLICATION IS AVAILABLE FOR PUBLIC INSPECTION AT:	UCI INTERNATIONAL CENTER UCI STUDENT CENTER, G302 IRVINE, CA 92697-5255		
COMPLAINTS ALLEGING MISREPRESENTATION OF THE 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.			

HIRING DEPARTMENT		
FOR POSITIONS NOT COVERED BY A UNION OR BARGAINING UNIT, AFTER IC NOTIFIES YOUR DEPARTMENT THAT THE POSITION PASSES THE PREVAILING WAGE TEST, THE DEPARTMENT MUST POST THE ABOVE "NOTICE OF INTENT TO FILE A LABOR CONDITION APPLICATION TO EMPLOY AN ALIEN H-1B TEMPORARY WORKER" IN TWO LOCATIONS FOR TEN CONSECUTIVE WORKING DAYS. THIS MAY BE ON A DEPARTMENTAL BULLETIN BOARD WHERE JOB ANNOUNCEMENTS ARE GENERALLY POSTED AND IN THE LAB OR WORK AREA.		
DATES POSTED:	FROM [MM/DD/YY]:	TO [MM/DD/YY]:
LOCATION[S] OF POSTING:		
POSTED BY [PRINT NAME]:		
DEPARTMENTAL PERSONNEL REPRESENTATIVE SIGNATURE:		
TITLE:	PHONE:	