



BROWN

Office of International Student & Scholar Services

Page-Robinson Hall, Third Floor
69 Brown Street, Box 1906
Providence, RI 02912
Email: oisss@brown.edu

Phone 401-863-2427
Fax 401-863-7543
www.brown.edu/oisss

Request for H-1B Sponsorship by Departments or Affiliated Hospitals of Brown University

These Request Forms are used to request that the OISSS file an H-1B petition for a prospective or current employee's employment at Brown or an Affiliated Hospital*. It is essential that all information entered in this Request is accurate. This information will be used to determine the prevailing wage, complete a Labor Condition Application (LCA) and submit it to the US Department of Labor for certification. After the OISSS completes the initial screening and determines the prevailing wage for the position, we will email you with instructions for posting the required notice.

Type of H-1B Requested: [] New H-1B [] H-1B Extension [] H-1B Change of Employer [] Concurrent H-1B

Applicant Information

1. Applicant's name exactly as it is indicated on his/her passport

Family (Last) _____ Given (First) _____

2. Date of Birth: (month) _____ (day) _____ (year) _____

3. Gender: [] Male [] Female

Appointment Information

4. Department: _____

5. Full Position Title: _____

6. Faculty Sponsor Name and Title: _____

7. Proposed Dates of H-1B: Start Date: _____ End Date: _____

8. Salary as of Start Date on H-1B listed above: \$ _____ per year.

9. 100% appointment or full time required. If less than 100% appointment, please explain: _____

10. Brief Non-Technical Job Description: _____

11. Physical Address of work location(s): _____
Street City State Zip

12. Is this a tenure or a tenure track position? [] Yes [] No

We hereby certify that this department supports the request to sponsor the above-mentioned individual as an H-1B employee.

Department Contact: (person who filled out this form, who is responsible for the timely posting and return of the LCA, and who will be responsible for updating OISSS of any changes to the applicant's employment)

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Department Chair or Principal Investigator Name: _____

Signature: _____ Date: _____

Hospitals Only:

Employing Hospital: _____ Employing Hospital Identification Number (EIN): _____

Hospital Approver Name: _____ Title: _____

Signature: _____ Date: _____



BROWN

Office of International Student & Scholar Services

Page-Robinson Hall, Third Floor
69 Brown Street, Box 1906
Providence, RI 02912
Email: oisss@brown.edu

Phone 401-863-2427
Fax 401-863-7543
www.brown.edu/oisss

Prevailing Wage Worksheet

The information provided will be used to determine the H-1B prevailing wage for this position.
This form will be placed in the H-1B "Public Access File" as required by regulation.
This form may be audited by the U.S. Department of Labor.

Appointment Details

- 1. Full Position Title:
2. Supervisor's Title:
3. Percentage of Effort of Appointment: % 4. If position is less than 100% effort, list hours per week:
5. Salary as of requested H-1B start date: \$ per year / For Concurrent H-1B: \$ per hour

Work Location(s)

- 6. Location(s) of Employment:
Brown or Hospital Address:
Other Location(s) Full Address: (If applicable)

Supervisory Responsibilities

- 7. Will the H-1B employee have supervisory authority* over the work of other employees?
If yes, number of employees the H-1B applicant will supervise:
If applicable, list the title(s) of employees the H-1B applicant will supervise:

Minimum Requirements for the POSITION* (NOT the qualifications of the applicant)

- 8. Minimum Degree(s) required for the position:
9. Field(s) of study required for the position:
10. Is post-degree experience or training (including a completed postdoc) required for the position?
11. If yes, what is the number of years of post-degree experience or training that is required for the position (NOT the applicant's actual years of post-degree experience/training):
12. If the position requires post-degree experience or training, please describe the type of experience or training required:
13. Special requirements - list any additional specific skills, licenses/certifications, and requirements for the position (ex: language skills, board certifications required, etc):



Prevailing Wage Worksheet (continued)

Job Description

14. Please describe in detail the job to be performed, starting with the most important duties, and using action verbs. Please be sure to state the overall areas of research and/or teaching and provide details about the specific job responsibilities.

15. What percentage of time will be spent doing the following activities?

Research: _____% Teaching: _____% Other: _____% (Explain: _____)

16. **For Postdoc Position:** Some postdocs are given opportunities to assist with the teaching duties in areas related to their research field as part of their career development plan, while maintaining their full-time research position. Is it anticipated that this would apply to this position? Yes No

17. Travel: Is travel to other locations/work sites *required* to perform the job duties above? Yes No

18. If yes, please explain: _____

19. If this is a tenure or a tenure track position, is it anticipated that the scholar will be spending any time of this requested H-1B on sabbatical? Yes No Not Applicable

20. If yes, please specify when, for how long, and where: _____



Office of International Student & Scholar Services

Page-Robinson Hall, Third Floor

69 Brown Street, Box 1906

Providence, RI 02912

Email: oisss@brown.edu

Phone 401-863-2427

Fax 401-863-7543

www.brown.edu/oisss

Actual Wage Worksheet

The U.S. Department of Labor (DOL) regulations require documentation of the actual wage. The actual wage is the amount being paid to all other Brown or Hospital employees with similar experience and qualifications for a specific position within a particular department. The "prevailing wage" is the rate being paid in the greater Providence area for the same occupation. The H-1B employee must be paid whichever is higher, the actual wage or the prevailing wage. The following information assures compliance with this regulation and will be maintained in the "Public Access File" in the OISSS. This form may be subject to audit by the U.S. Department of Labor.

1. Department: _____

2. Full Position Title: _____

3. Salary as of requested H-1B start date: \$ _____ per year / For Concurrent H-1B: \$ _____ per hour

4. Please check one and provide requested information:

There are *other employees* in the department with the same job title and similar experience, qualifications, and responsibilities. The actual wage is therefore the rate paid to those other employees. Please note the actual wage is not an average of these wages, but a **range**.

a. Number of other similarly employed individuals in the department: _____

b. Salary range of these employees:

From: \$ _____ per year to \$ _____ per year The

applicant's position is **unique** and there are no other employees in the department with the same job title, experience, qualifications, and responsibilities similar to this applicant; therefore, the amount he/she will be paid is the actual wage. Please explain how this position is unique:



Actual Wage Worksheet (continued) Objective Compensation System

The Department of Labor requires Brown, as the petitioner, to have and document an **objective compensation system** used to determine the wages of H-1B employees. In establishing the compensation system for a particular position, the petitioner is allowed to take into consideration objective standards relating to experience, qualifications, education, specific job responsibility and function, specialized knowledge, and other legitimate business factors.

5. Please complete the following to describe the **objective compensation system** used to determine the applicant's salary. Check **one or more** of the following factors that were considered when determining the applicant's salary:

Minimum required salary for employees with this title in your School (e.g. School of Engineering) or in your Department.

State the minimum salary: \$ _____/year

Postdoc guidelines

Area of specialization

Job responsibilities

License/certification

Education/degree(s) earned

Patent

Determine by funding source (e.g. Grant limitation) (*explain below*)

Specialized knowledge relevant to the position

Previous Work Experience

Publications

Comparable rate of pay at similar institutions
(Per Department of Labor regulations, you must provide documentation to the OISSS (names of institutions surveyed, position title(s) surveyed, range of salaries paid) for the "Public Access File", for review in the event of an audit

Other objective legitimate business factors and/or grant limitations:

6. Certification by Department:

I hereby certify that the salary listed above reflects the wage level paid to all other individuals with similar experience and qualifications working in this department. If there is more than one wage paid, I am able to explain the objective, legitimate business related reason(s) for this differential in wage rates. If required to do so, I am able to provide documentation on the names and payroll records of similarly employed individuals to the Department of Labor to verify these statements.

I also certify that the applicant will receive benefits on the same basis and in accordance with the same criteria as the appointing unit offers to employees who are U.S. citizens or U.S. Permanent Residents.

Signature of Department Chair Date: _____