



BROWN

International Student & Scholar Services

Page Robinson Hall, Suite 420

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 ISSS 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 ISSS 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 ☐ H-1B Amendment

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. Supervisor/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% employment or **full time** required. If less than full time employment, 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 ISSS of any changes to the applicant's employment)

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Department Chair or Office Director Name: _____

Signature: _____ Date: _____

Hospitals Only:

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

Hospital Approver Name: _____ Title: _____

Signature: _____ Date: _____



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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 and should not include the beneficiary's name. 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 Employment: _____ % 4. If position is less than full-time, list hours per week: _____
*certain eligibility requirements apply
5. Salary as of requested H-1B start date: \$ _____ per year

Work Location(s)

6. Location(s) of Employment:

☐ Brown or Hospital Address: _____
Street City State Zip

☐ Other/Remote Location(s): _____
(If applicable) Street City State Zip

Supervisory Responsibilities

7. Will the H-1B employee have supervisory authority* over the work of other employees? ☐ Yes ☐ No
(*actual supervision of employees, not training and/or overseeing students)

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: ☐ Doctorate ☐ Master's ☐ Bachelor's ☐ Other: _____

9. Field(s) of study required for the position: _____

10. Is post-degree experience or training (including a completed postdoc) required for the position? ☐ Yes ☐ No

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):

☐ < 1 year ☐ 1-2 years ☐ 2-3 years ☐ 3-4 years ☐ 4-5 years ☐ 5-6 years ☐ Other: Please specify _____

12. If the position requires post-degree experience or training, please describe the type of experience or training required: (ex: a completed postdoc)

13. Special requirements – list any additional specific skills, licenses/certifications, and requirements for the position (ex: language skills, board certifications required, etc): _____



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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 Positions:** 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: _____



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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 ISSS. The beneficiary's name should not be used. 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** as 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:



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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 ISSS (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/ Office Director

Date: _____



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Filing Fees:

The fees associated with an H-1B filing can include:

\$500 for the anti-fraud fee (must be paid by the dept) (NOT needed for Extension Requests of H-1B's already sponsored by Brown)

\$460 for the I-129 processing fee (must be paid by the department or sponsoring hospital)

\$2,805 if requesting premium processing to have USCIS will respond within 15 days

\$470 if applicant has dependents in the U.S. who need to change or extend their status

ISSS will pay these fees using a PCard and will either charge the PCard transaction directly to your department or will reclassify the expense from OISSS to your department through a journal entry using the Worktag information you provide here:

Business Unit: _____

☐ Cost Center / ☐ Grant: _____

Expense purpose code: _____

Fund: _____

Optional Worktag(s): _____

Please check the boxes of the fees for which your department/lab/center/institute/school is authorizing payment. Please note that the filing and anti-fraud fees are required to be paid by the employer. The Premium Processing fee can only be paid by the beneficiary in restricted circumstances.

☐ \$460 Filing fee

☐ \$500 Anti-fraud fee

☐ \$2,805 Premium Processing fee

☐ \$470 I-539 application fee for dependents