



International Affairs
**International
 Support Services**

H-1B Department Application

Please return completed application to Keeli Nelson
keelinelson@ku.edu
 ISS, Room 2 Strong Hall

Employer Data: Information about Hiring Department, Center, or Unit		
1. Dept Chair, Director, or Hiring Authority Last Name:		2. First Name:
3. Title or Position:		4. Department/Center/Unit:
5. Person Preparing Form (if different from above):		6. Title or Position:
Job Information		
1. Type of H-1B Status Requested: <input type="radio"/> New Employment <input type="radio"/> Amendment <input type="radio"/> Extension <input type="radio"/> Change of Employer		
2. Prospective Employee's Name:		3. KU Employee ID #: 4. Email:
5. Official Job Title:		6. Job Title of Supervisor for this position:
7. Dates of intended employment as H-1B: From _____ To _____ (mm/dd/yyyy).		
8. Number of hours of work per week: Basic: _____ Overtime: _____		9. Hourly work schedule: A.M. (h:mm): _____ : _____ P.M. (h:mm): _____ : _____
10. Rate of Pay: \$_____. Is this rate of pay hourly or yearly? _____.		
11. Any working Conditions that affect the rate of pay? <input type="radio"/> Yes <input type="radio"/> No If yes, please specify:		
12. Does this position supervise work of other employees (don't include student workers)? <input type="radio"/> Yes <input type="radio"/> No		13. If yes, number of employees worker will supervise (if applicable) _____
14. Will travel be required in order to perform the job duties? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain the travel requirements.		
15. Is individual currently employed at KU in this position? <input type="radio"/> Yes <input type="radio"/> No		

PLACE OF H-1B EMPLOYMENT

1. Worksite Address 1

2. Address 2

3. City

4. County

5. State/District/Territory

6. Postal Code

7. Will work be performed in multiple worksites (including KU Edwards, KU Med, etc.) Yes No

8. If yes in question 7, Please provide all additional worksite addresses:

LCA ATTESTATION

KU must submit a Labor Condition Application (LCA) to the U.S. Department of Labor; the LCA must be certified before it is submitted with the H-1B petition to USCIS. Please read the statements below, initial each item indicating that you understand the requirements; sign and date at the bottom.

_____ 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.

_____ 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.

_____ Employing this person will not adversely affect the working conditions of U.S. workers similarly employed.

_____ There is no strike, lockout, or work stoppage due to labor dispute in this occupation.

_____ We will post a notice of our intent to hire an H-1B worker to other employees at the worksite; the notice must be posted before the LCA is filed with DOL, and remain posted for at least 10 days.

_____ **Should I need to terminate an employee PRIOR to the end of period of stay requested, my department shall be responsible for the individual's return transportation to his/her home country. If H-1B petition is approved, I will notify International Programs of any changes in the employee's terms of employment or working conditions, including early terminations.**

Signature of Dept Chair/Hiring Authority

Date