

H-1B/E-3 SUBMISSION FORM

Complete this form and upload to ISD.

CHECKLIST

- ❖ Review ISEO’s Instructions for H-1B Requests
- ❖ Required Fees:
 - Submit ISEO Recharge Fee(s) for this H-1B or E-3 Request
 - Request Checks for USCIS Filing Fee(s) from Disbursements
- ❖ Department will submit a complete H-1B/E-3 Request to ISEO via International Scholar Dossier (ISD).

Visit <https://ifso.ucsd.edu/dept-facilitators/h1b/index.html> for detailed information.

SECTION 1: SCHOLAR INFORMATION

Name of Scholar: _____
(Family/Last Name) (First Name) (Middle Name)

Status Requested: _____
*****POET(AF) information below will be used for billing cost of shipping petition to USCIS via FedEx*****

Project Number: _____ Task Number: _____
(7 numeric Characters) (6 character max; generally a single whole number)

SECTION 2: SPONSORING DEPARTMENT CERTIFICATION

UC San Diego must submit a Labor Condition Application (“LCA”) to the US Department of Labor and have it approved for an H-1B/E-3 worker. Carefully read the LCA and other statements below and certify that you will uphold them. 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 for the occupation in the area of employment, whichever is higher.
2. The vacation time, sick leave, and other benefits offered to this employee are equivalent to that offered to other US workers in the same classification.
3. Employing this person will not adversely affect the working conditions of US workers similarly employed.
4. There is no strike, lockout, or work stoppage due to labor dispute in this occupation.
5. We agree to comply fully with the terms of the LCA stated above for the duration of the employee’s employment in H-1B/E-3 status at UC San Diego, including paying the listed salary as of the H-1B/E-3 petition approval or worker start date. **Any prospective changes in appointment title, significant salary changes, employment locations, and reduction of hours must be cleared with ISEO prior to changes happening.**
6. We fully understand that any willful violation connected with providing inaccurate information in this LCA may incur a severe penalty that has a long-range impact on the entire UC San Diego campus.
7. As required by DHS, we agree to pay the reasonable cost of return transportation to the employee’s home country if dismissed or appointment not renewed before the end of the authorized period of H-1B employment on the H-1B approval notice.

Name	Signature	Date
Department Chair, MSO, OR equivalent:		
Sponsor/Supervisor:		
Department Contact:		

SECTION 3: SUPERVISOR ATTESTATIONS

OFFICE OF RESEARCH AFFAIRS CERTIFICATION (H-1B REQUESTS ONLY)

This certification must be completed by the supervisor of the nonimmigrant employee (i.e., the nonimmigrant faculty, researcher or staff on whose behalf the University is filing a U.S. Citizenship and Immigration Services Form I-129 for H-1B status). If you do not have the information necessary to complete this certification, please contact the Office of Research Affairs at the numbers listed below to complete the processing of this certification. For more information see UCOP export control policy.

A) Will this nonimmigrant employee have any IT administrator responsibilities or access?

Yes -OR- No

If yes, contact the export control office at export@ucsd.edu.

B)

I, the supervisor, hereby certify that the research agreement (e.g. contract or grant) on which the nonimmigrant employee will be working:

- does not restrict or prohibit the participation of foreign persons in the project;
- does not restrict or prohibit the research team's right to publish any of the data or research results;

And in performing the work under the visa, the beneficiary will not:

- be working on any research project that is or should be subject to a Technology Control Plan (such a plan may be required if there is access to export controlled technical information, materials, software, or encryption code, which could be received in the form of confidential or proprietary information transmitted by a sponsor or third party);
- be working on any service agreements; or
- be given access to equipment specifically designed or developed for military (ITAR) or space applications.

I am familiar with the job duties and other particulars of employment of the nonimmigrant employee listed in Section 1 and hereby affirm that the contents of the foregoing certification are true, to the best of my knowledge, information, and belief.

-OR-

I am unable to certify the above statements at this time and will reach out to Export Control to discuss certification. Export Control will reach out to IFSO to provide certification of this form, prior to which no work can be done on this request.

C) STATEMENT OF ACTUAL WAGE DETERMINATION (ALL REQUESTS)

OPTION 1: ON-SCALE UNIONIZED POSITION CODE AND STEP LEVEL

Title code for H-1B position: _____ Step Level: _____

-OR-

OPTION 2: NON-UNION POSITION OR OFF-SCALE UNIONIZED POSITION

THE FOLLOWING INFORMATION, PER DEPARTMENT OF LABOR (DOL) REGULATIONS, MUST BE AVAILABLE FOR PUBLIC EXAMINATION. [REF: 20 C.F.R. S 655.731 (B)(2), 655.760 (A)(3)]

H-1B Employee Title: _____ If applicable, career track subclassification code: _____

H-1B Employee Annual Salary: _____

- Identify the number of employees (excluding this position) in the same title and step as this position within the

_____ ; _____
(department, division, or school name) (# of employees)

- Indicate the salary range of these individuals (excluding this position). Use division, department, or school-wide data as necessary to generate at least two data points for comparison with this hire:

from \$ _____ to \$ _____ per year.

Please indicate the specific factors that influenced the off-scale/step salary:

<input type="checkbox"/> Salary was determined solely based on UCSD salary scales/step level for this appointment series	<input type="checkbox"/> Specific job responsibility <input type="checkbox"/> Degree of independent responsibility <input type="checkbox"/> Nature of duties involved <input type="checkbox"/> Number of Publications/Publication Record <input type="checkbox"/> Level of education/Type of Degree <input type="checkbox"/> Years of experience in the field	<input type="checkbox"/> Other (please specify):
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Name	Signature	Date
Sponsor/Supervisor:		