

TO BE COMPLETED
BY CENTER

FDA

Compliance Information & Actual Wage Determination

GENERAL INFORMATION

Center Name: _____ Name of Director or Designee: _____

Beneficiary Name: _____ Job Title: _____

Employment Dates for this petition: _____ To _____

Actual Wage: _____ Per _____

Location(s) of Workplace: _____

ATTESTATION

I request that the Division of International Services (DIS) submit a Labor Condition Application on behalf of the above-named employee and I further certify that:

(a) The H-1B nonimmigrant will be paid at least the actual wage level paid by the employer to all individuals with similar experience, qualification, job responsibility, and specialized knowledge for the specific employment in question or the prevailing wage level for the occupation in the area of employment, whichever is higher. Further, I attest that the H-1B employee will be paid when in nonproductive status due to employer's decision or due to lack of permit or license. The employer further attests that H-1B nonimmigrants will be offered benefits and eligibility for benefits on the same basis, and in accordance with the same criteria, as offered to U.S. workers.

(b) The employment of the H-1B nonimmigrants will not adversely affect the working conditions of workers similarly employed in the area of intended employment; the H-1B employee will be afforded working conditions on the same basis, and in accordance with the same criteria, as offered to similarly employed U.S. workers.

(c) On the date this form is signed and submitted, there is not a strike, lockout or work stoppage in the course of a labor dispute in the occupation at the place of employment. If such a strike or lockout occurs after this form is submitted, I will notify DIS/ORS immediately of the occurrence of such a strike or lockout. I will not hire another H-1B employee in the same occupation at the place of employment until DIS/ORS approves.

(d) A copy of the certified Labor Condition Application (and instructions, if requested) will be provided by DIS to the H-1B employee. I will notify our intention to hire an H-1B nonimmigrant in the occupation at the place of employment by posting the LCA notice (when sent by DIS) in adherence with DIS posting instructions, either electronically or by hard copy in at least two conspicuous locations where the H-1B nonimmigrant will be employed. After posting the Labor Condition Application (LCA) notice for 10 days I will return the posting notice confirmation to DIS.

ACTUAL WAGE MEMO FOR PUBLIC ACCESS FILE

There are _____ (number of) employees in our IC with the job title of _____ (same as above).

The wage range for these employees is \$ _____ to \$ _____ per year (including this position).

Within this range, an individual salary is determined by taking into consideration various factors including (check all that apply)*:

- (1) Level of education/Type of Degree
- (2) Years of experience in the field
- (3) Specific job responsibility
- (4) Specialized knowledge
- (5) Degree of independent responsibility
- (6) Nature of duties involved
- (7) Number of Publications/Publication Record
- (8) Other (please specify)

*Salaries of employees are adjusted on an annual basis, based on performance reviews and cost of living assessments.

DECLARATION OF DIRECTOR OR DESIGNEE

I declare that the information provided on this form is true and correct. In addition, I declare that I will comply with the Department of Labor regulations governing this program and, in particular, that I will make required information, supporting documentation, and other records, files and documents available to officials of the Department of Labor, upon such official request, during an investigation under this application or the Immigration and Nationality Act.

Signature of Hiring Authority/Designee: _____

Date: _____