

## Office of International Affairs H-1B Prevailing Wage Questionnaire

The U.S immigration regulations require employers that sponsor H-1B visas to obtain a prevailing wage determination from the U.S. Department of Labor (DOL) for the position being supported. In order to request the prevailing wage determination from DOL, the following information is required from the sponsoring Department.

(person responsible for preparing H-1B packet)			
Primary Administrator's Name:	Administrator's Title:		
Administrator's E-mail:	Administrator's Telephone Number:		
In the absence of the above administrator, please list an alternate contact person			
Alternate Administrator's Name :	Title:		
E-mail:	Phone:		
II 4D ADDITIONALION			
H-1B APPLICANT'S INFORMATION (person being supported for the H-1B)			
H-1B Applicant's Full Name:			
	ily/Last Name Given/First Name		
Date of Birth:			
	JOB TITLE		
Job title being offered to the H-1B applican			
If this is a Classified title, the Human Resources Job Description must be reviewed for minimum job qualifications			
	Job title of the Supervisor of the H-1B applicant (e.g. Chairman, Professor, Director, etc.):		

JOB DUTIES	
Provide a detailed description of the job duties to be performed with as much specificity as possible. The job duties should not be tailored to an individual. If the duties of the position offered are not independent, it is recommended that the first line of the	
description begins with "Under the direction of (e.g. Principal Investigator, Professor, Director) individual will assist"	
SUPERVISION REQUIREMENTS	
For purposes of the H-1B visa and the Prevailing Wage Form, supervision means that this position holds primary hiring and	
firing authority and completes the annual evaluation for his or her supervised employees each year.	
Is this position required to supervise employees?	
If yes, indicate the number of employee(s) the H-1B will supervise:; and	
Indicate whether the employee(s) to be supervised will be Peers OR Subordinates OR Both	
Indicate job titles and brief job description of employees to be supervised:	

## **JOB REQUIREMENTS** Note that the education and experience should describe the minimum required for the position, not the applicant's experience. Is the position be full-time? Yes No If no, indicate the number of hours per week the H-1B applicant will be employed: Specify the minimum education, training, experience, and (if applicable) special requirements that an individual must have in order to hold this position. DO NOT tailor the requirements to the H-1B applicant. Degree required for the position: | None | High School/GED | Associate's | Bachelor's | Master's Master's Doctorate (PhD) \*Other Degree (JD, MD, DDS, etc.) \*If Other Degree, please specify: Indicate the major field(s) of study for the degree required (e.g. Medicine, Chemistry, Bioinformatics, etc.): Is a second U.S. degree required? Yes No If yes, indicate the second U.S. degree/diploma and major(s) and/or fields of study required: Is *Training* for the job opportunity required? Yes No If yes, indicate the number of months: ; and the type of training: Is Employment Experience required? Yes If yes, indicate the number of months: ; and the type of experience (e.g. Research, Teaching, etc.): Will travel be required in order to perform the job duties? Yes No If yes, provide details of the travel required, such as area(s), frequency, nature of travel, and if H-1B will be reimbursed all expenses associated to mandatory travel. (Note: Conferences may not be mandatory for the job to be performed): Special Skills or Other Requirements that are mandatory for the H-1B applicant to perform the required duties of the position: (i) License/Certification: Yes No If yes, please specify: (ii) Foreign Language: Yes No If yes, please specify: (iii) Residency/Fellowship Yes No If yes, please specify (include type of residency and/or fellowship and length in months): (iv) Other Special Skills or Requirements (e.g. board eligibility or certification, specific computer language, etc.): Yes No If yes, please specify:

ALTERNATIVE JOB REQUIREMENTS		
Are alternate sets of Education, Training, and/or Experience accepted for this position? Yes No  If yes, complete all applicable alternative job requirements below  If no, go to Location(s) of Employment section		
e.g. MD, or other terminal degree, is acceptable in place of PhD; Master's degree and one year of research experience is acceptable in place of the minimum requirement of Bachelor's degree and three years of research experience.		
Alternate level of education accepted: None High School/GED Associate's Bachelor's Master's		
Master's Doctorate (PhD) *Other Degree (JD, DO, DDS, etc.) *If Other Degree, please specify:		
Indicate the major field(s) of study for the degree accept (e.g. Medicine, Chemistry, Bioinformatics, etc.):		
Is Alternate Training for the job opportunity accepted? Yes No  If yes, indicate the number of months: ; and the type of training accepted:		
Is Alternate Employment Experience accepted? Yes No  If yes, indicate the number of months:		
Special Skills or Other Requirements that are mandatory for the H-1B applicant to perform the required duties of the position:		
(i) License/Certification: Yes No If yes, please specify:		
(ii) Foreign Language: Yes No If yes, please specify:		
(iii) Residency/Fellowship Yes No If yes, please specify (include type of residency and/or fellowship and length in months):		
(iv) Other Special Skills or Requirements (e.g. board eligibility or certification, specific computer language, etc.): Yes No If yes, please specify:		

## **LOCATION(S) OF EMPLOYMENT** Indicate all potential work sites the H-1B applicant will or may provide services during the entire period of H-1B sponsorship. This includes ALL UTHealth addresses (e.g. 6431 Fannin Street, 6411 Fannin Street, 1941 East Road, etc.). If services will be provided at an institution other than UTHealth, please list full legal business name of the institution and the physical address. (e.g. The legal business name for Lyndon B. Johnson Hospital is Harris County Hospital District.) Note: H-1B holder will be restricted to the sites listed below and identified on the H-1B petition. Is this location outside of The University of Texas Health Science Center at Houston?: Yes No If "Yes," provide the legal business name of the secondary entity: \_ **Street Address** Citv County State Zip Is this location outside of The University of Texas Health Science Center at Houston?: Yes If "Yes," provide the legal business name of the secondary entity: **Street Address** State Zip City County Is this location outside of The University of Texas Health Science Center at Houston?: Yes No If "Yes," provide the legal business name of the secondary entity: \_\_\_\_\_ **Street Address** City County State Zip Is this location outside of The University of Texas Health Science Center at Houston?: Yes No If "Yes," provide the legal business name of the secondary entity: \_ **Street Address** City County State Zip Is this location outside of The University of Texas Health Science Center at Houston?: Yes No If "Yes," provide the legal business name of the secondary entity: \_ **Street Address** City County State Zip If more sites are needed, add an addendum. PREPARER'S STATEMENT I acknowledge to the best of my ability that the information provided above are the minimum requirements for the H-1B position being supported: Signature:

\*\*\* The National Prevailing Wage Center reserves a minimum of 120 days to process

Prevailing Wage Determinations. \*\*\*