

# H-1B PREVAILING WAGE REQUEST FORM

**MICHIGAN STATE**  
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS

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Department Name:

Department Address:

Dept. Phone Number:

Dept. Fax:

Dept. Contact Person:

Dept. E-mail:

Employee's Name:

E-mail:

Country of Citizenship:

Current visa status:

Visa expiration date:

H-1 Initial Out of Country

H-1B Extension

H-1B Amended

H-1B Portability (currently on H elsewhere)

H-1B Change of Status

1. **Official MSU HR Title:** \_\_\_\_\_

2. Is this a tenure track position? Yes  No  (**check one**)

3. Is this a Union position? Yes  No  (**check one**)

a. If yes, Union Name: \_\_\_\_\_ Level: \_\_\_\_\_

4. Dates requesting H-1B petition (max 3 years) (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Offered salary: \$ \_\_\_\_\_

6. Rate of pay per Year  or per Hour  (**check one**)

a. Annual Appointment  or Academic Appointment  (**check one**)

b. Fringe Benefits: Yes  No  (**check one**)

7. Part Time  or Full Time  (**check one**)

a. If part time, maximum hours per week: \_\_\_\_\_

8. For **SOC Code** please visit <https://flag.dol.gov/wage-data/wage-search> and do the following:

a. Select state/territory

b. Select data source

c. Select ACWIA-Higher Education Database

d. Select an area where work is performed (e.g. Ingham)

e. Select an occupation title from the list

**Suggested SOC Code:** \_\_\_\_\_

9. Job title of Supervisor for the position: \_\_\_\_\_

10. Does this position supervise the work of other employees? Yes  No  (**check one**)

a. If yes, number of employees worker will supervise: \_\_\_\_\_

b. If yes, please indicate the level of the employees to be supervised: Subordinate  Peer

11. **Job Duties** – Please provide a description of the duties to be performed with as much specificity as possible, including details regarding the areas/fields and/or products/industries involved:

12. **Travel** - Will travel be required in order to perform the job duties? Yes  No  (**check one**)

a. If Yes, please provide details of the travel required, such as area(s), frequency and nature of the travel:

For Education, Training and Employment experience, please state **only the MINIMUM** requirements for the position:

**NOTE: when answering questions #13, #14, #15 do not duplicate requirements - e.g., training required should not be counted as education or experience.**

13. **Education** - Minimum U.S. Degree required: Bachelor's  Master's  PhD  DVM  MD

a. Indicate the major(s) and/or field(s) of study required: \_\_\_\_\_

b. Does employer require a second U.S. degree? Yes  No  (**check one**)

14. **Training** - Is training for the job opportunity required?: Yes  No  (**check one**)

a. If yes, specify the number of months of experience required: \_\_\_\_\_

b. Indicate the field(s)/name(s) of training required: \_\_\_\_\_

15. **Employment Experience** - Is employment experience required? Yes  No  (**check one**)

a. If Yes, specify the number of months required: \_\_\_\_\_

b. Indicate the occupation required: \_\_\_\_\_

16. **Special Requirements** (list specific skills/licenses and other): \_\_\_\_\_

17. **Employment Information** - Worksite address:

18. Worksite County: \_\_\_\_\_

19. Will work be performed in multiple worksites within the area of intended employment other than the address listed above? Yes  No  (**check one**)

a. If yes, address(es) & county of other worksite location(s)

**I understand that H-1B worker is a temporary non-immigrant status. The University position this person will be employed in requires a Bachelor's degree or higher and is considered a specialty occupation. I agree to pay the wage and employ this person under the conditions described in this petition.**

**If the employee is dismissed before the end of the authorized period of H-1B period, the department will notify OISS and be responsible for paying the reasonable costs of return transportation of the employee to the employee's last place of foreign residence. The only exception is when the beneficiary voluntarily terminates/resigns.**

Name of Department Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Department Chair: