## Auburn University Office of International Programs International Student and Scholar Services

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http://www.auburn.edu/academic/international/isss/

#### **Prevailing Wage Information Request**

#### **Prevailing Wage Determination Processing**

For all prevailing wage determinations, the ISSS office will utilize the use a law office to ensure departments of a fair, accurate and fast turn-around response. Using the services of a law office for prevailing wage determination will cost the department a minimum of \$100 (or up to a maximum of \$175.00) per request. It is of note that a prevailing wage determination originating from a law office does not benefit from the safe harbor provision. While the law office will make every effort to make the correct prevailing wage determination, in the event that the Department of Labor disagrees during an investigation, the employing department will be responsible to pay any wage deficiencies ordered by the DOL. The law office generally returns the prevailing wage determination within 1-7 days.

#### H-1B Processing and Fees

Please keep in mind that Auburn University is the petitioner on behalf of the intended beneficiary (the selected job candidate).

- 1. **USCIS Fees:** The \$500.00 H-1B anti-fraud fee and the \$460.00 filing fee are required to be paid by the petitioner (Auburn University) under U.S. Department of Labor regulations.
- 2. **OIP Processing Fees:** The processing fee for an H-1B is \$1,200 to \$1,500. This fee is also to be paid by the petitioner (hiring department, Auburn University).

#### H-1B Processing Timeline and Premium Processing

The USCIS has a current posted H-1B processing time of 2-6 months (subject to change). The USCIS processing time does not include the amount of time required to obtain a prevailing wage determination and prepare the H-1B petition for filing. If the beneficiary or the department wishes to expedite the process, either may choose to use the Premium Processing Program. Under Premium Processing, the USCIS will adjudicate the petition within 15 calendar days of receiving the petition for an additional filing fee of \$1,225 (this fee is in addition to the USCIS filing fees and the OIP processing fee). Please notify ISSS if you wish to use the Premium Processing Program.

#### **Prevailing Wages and Actual Wages**

The Immigration and Nationality Act (INA) requires that the hiring of a foreign worker will not adversely affect the wages and working conditions of U.S. workers comparably employed. To comply with the status, the U.S. Department of Labor's regulations require that the wages offered to a foreign worker must be the prevailing wage rate for the occupational classification in the area of employment. For more information please go to: http://www.foreignlaborcert.doleta.gov/wages.cfm

In order to proceed with requesting a prevailing wage determination, please complete the Prevailing Wage Information Request and the H-1B Actual Wage Worksheet and submit to the Office of International Programs for processing.

# Prevailing Wage Information Request International Student and Scholar Services Auburn University

| Prevailing Wage Determination form:  |  |  |  |
|--|--|--|--|
| Expedited Processing (use of a law firm) Cost: up to \$175.00 Processing Time: 1-7 days  |  |  |  |
| For billing purposes, a valid chart FOP is required for expedited processing. Your department will not receive any billing directly from a law office for the expedited processing of a prevailing wage determination.               |  |  |  |
| Fund Number:   |  |  |  |
| Org Number:  |  |  |  |
| Prog Number:   |  |  |  |
| Has the candidate been selected for this position:   Yes  No  If yes, please list the candidate's name:  |  |  |  |
| Job Description  |  |  |  |
| Job Title:   |  |  |  |
| Rate of Pay: per calendar year per academic year   |  |  |  |
| Job title of immediate supervisor of selected candidate:   |  |  |  |
| Does this position supervise the work of other employees?   Yes No  If yes, list number of employees the selected candidate will supervise:  If yes, please indicate the level of the employees to be supervised:   Subordinate Peer |  |  |  |
| Job Duties: Attach a copy of the <u>detailed</u> job description.  |  |  |  |
| Will travel be required in order to perform the job duties?   Yes No  If yes, please explain the travel requirements:  |  |  |  |
| Minimum Job Requirements   |  |  |  |
| Education - Minimum U.S. diploma/degree required:  Bachelor's Master's Doctorate (Ph.D.) Other degree (DVM, JD, etc.)  |  |  |  |
| If "other degree" is selected, please specify the diploma/degree required:   |  |  |  |
| Does the employer require a second U.S. diploma/degree?   Yes   No   |  |  |  |

| Is training for the job opportunity required?  If yes, specify the number of months of training required indicate the field(s)/name(s) of training required.                                    | ning required:                       |                                     |  |  |  |
|---|--------------------------------------|-------------------------------------|--|--|--|
| Is employment experience required?   If yes, specify the number of months of explorate the occupation required:   | perience:                            |                                     |  |  |  |
| Special Requirements - List specific skills, opportunity:   |                                      |                                     |  |  |  |
|   | Place of Employment                  |                                     |  |  |  |
| Department Name:  |                                      |                                     |  |  |  |
| Address:  |                                      |                                     |  |  |  |
| City: County  |                                      |                                     |  |  |  |
| Will work be performed in multiple worksite address listed above? ☐ Yes ☐ No  | es with an area of intended employme | ent or a location(s) other than the |  |  |  |
| If yes, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to continue and complete a listing of all anticipated worksite: |                                      |                                     |  |  |  |
|   |                                      | _                                   |  |  |  |
| Department Signature:   |                                      | Date:                               |  |  |  |
| Dean's Office Signature:  |                                      | _Date:                              |  |  |  |

### H-1B Actual Wage Worksheet International Student and Scholar Services Auburn University

Federal law requires employers to document that H-1B works will not be paid less than the actual wage paid to other similarly employed workers at Auburn University. Below, please provide the required information on similarly employed workers in the hiring department/unit.

List the names, annual salaries, and work hours of the employees that are similarly employed to the H-1B worker. If the salary of the listed employee(s) is higher than that offered to the H-1B worker, provide a detailed explanation that justifies the higher salary based on the following criteria:

- Experience (length, depth, or type)
- Qualifications
- Educational background
- Position responsibility and function
- Specialized knowledge or research field

| the H-1B worker a lower salary.  |  |
|--|--|
| Department/Unit Name:  |  |
| Position Title:  |  |
| ☐ Check this box if there is no other employee holding this position title besides the H-1B wo ☐ Check this box if no one holding this position title is earning the same as or higher than the worker |  |

\*Note that limited grant or departmental funding, or market conditions, cannot be used to justify paying

| Employee Name | Annual<br>Salary | Hours per<br>Week | Explanation of Higher Salary |
|---------------|------------------|-------------------|------------------------------|
|               |                  |                   |                              |
|               |                  |                   |                              |
|               |                  |                   |                              |
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|               |                  |                   |                              |
|               |                  |                   |                              |
|               |                  |                   |                              |
|               |                  |                   |                              |

| I hereby certificate that the information entered above is accurate to the best of my knowledge. |  |       |          |        |  |  |  |
|--|--|-------|----------|--------|--|--|--|
| Form Completed By:   |  |       | Phone Nu | ımber: |  |  |  |
| Signature:   |  | Date: | Date:    |        |  |  |  |
|  |  |       |          |        |  |  |  |