



*Office of International Services  
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## H-1B ATTESTATION

Employee's Name:

Sponsoring Department:

I understand that a Labor Condition Application must be filed with the U.S. Department of Labor prior to filing an H-1B petition. I certify that the department will comply with the following requirements of the Labor Condition Application during the validity period of the H-1B petition:

- The H-1B employee will be paid the higher of either: (a) the wage/salary paid to other UMMC employees in the same occupation who have similar experience, qualifications, and duties or (b) the prevailing wage for the occupation as determined by the Department of Labor's National Prevailing Wage Center.
- The employment of this H-1B nonimmigrant will not adversely affect the working conditions of employees similarly employed in the area of intended employment.
- The H-1B employee will be offered the same benefits afforded other UMMC workers in the same classification.
- There is no strike, lockout, or work stoppage in the course of a labor dispute in this occupational classification
- Notice of this employment will be posted in two conspicuous locations at the place of employment as instructed by the Office of International Services.

I further certify that:

- Adequate funds have been allocated within the department to pay the H-1B nonimmigrant's wage/salary for the specific employment period requested in the H-1B petition.
- A Determination of Necessity for H-1B Amended Petition form will be completed and submitted to the Office of International Services a minimum of 30 days prior to any of the following changes in the terms and conditions of employment:
  - ◆ Promotion or change in job title
  - ◆ Change in duties/responsibilities
  - ◆ Increase in salary
  - ◆ Reduction in salary
  - ◆ Transfer to another position or department
  - ◆ Termination of employment
- The reasonable cost of the H-1B nonimmigrant's return trip home will be paid by the department should he/she be terminated before the expiration of the petition's validity period.

\_\_\_\_\_  
Signature of Faculty Sponsor

Date

\_\_\_\_\_  
Signature of Department Chair

Date

\_\_\_\_\_  
Signature of Department Business  
Administrator

Date