LSUHSC-11
H-1B PREVAILING WAGE REQUEST

EMPLOYER'S NAME & ADDRESS:
LSU Health Sciences Center
433 Bolivar Street, Suite 206B
New Orleans, LA 70112-2223

ADDRESS(ES) WHERE WORK WILL BE PERFORMED (include full address and parish):

_____

_____

_____

NATURE OF EMPLOYER'S BUSINESS ACTIVITY: Higher Education, Research and Patient Care

TITLE OF POSITION BEING FILLED: _____

BASE HOURS/WEEK: _____

JOB DUTIES (include all possible duties for the position, even if not performed at present)**:**

_____

_____

PROPOSED SALARY: $_____ Base: _____/ Supplement: _____
***Proposed salary should only include guaranteed wages. Do not include supplement if not guaranteed as part of wages.**

MINIMUM EDUCATION REQUIRED (Degree and Field of Study): _____

MINIMUM EXPERIENCE REQUIRED: _____
(N/A or 0 if none or definite number; 6 months, 1 year)

PROFESSIONAL LICENSE REQUIRED: _____

TITLE OF POSITION'S IMMEDIATE SUPERVISOR (not name):_____

NUMBER OF EMPLOYEES POSITION TO SUPERVISE: _____
(N/A or 0 if none, definite number if known, or a range, 0-3 are acceptable. TBD is not an acceptable response.)

ALL INFORMATION PROVIDED ON THIS FORM SHOULD BE ABOUT THE **POSITION'S** REQUIREMENTS, NOT THE PROPOSED HIRE/EMPLOYEE'S CREDENTIALS/QUALIFICATIONS!!

SIGNATURE: _____DATE:_____
(Faculty Sponsor)