## **Prevailing Wage Worksheet**

## A. Employee (Beneficiary) Information

| 1. | Name:  |                     | Email Address: |                    |                                   |  |  |  |
|----|--|---------------------|----------------|--------------------|-----------------------------------|--|--|--|
|    | Name:  |                     |                |                    |                                   |  |  |  |
| 2. | Is he/she currently employed at K-State?   | Yes                 | No             |                    |                                   |  |  |  |
| В. | Employing Department Information   |                     |                |                    |                                   |  |  |  |
| 1. | Department:  | _ Dept Add          | dress:         |                    |                                   |  |  |  |
| 2. | Department Contact Person:   |                     |                | Phone: _           |                                   |  |  |  |
|    | Email:   |                     |                |                    |                                   |  |  |  |
| 3. | Department's Central Mail Postage Meter #: _   |                     |                |                    |                                   |  |  |  |
| 4. | Physical location where employee will be work  | king:               |                |                    |                                   |  |  |  |
|    | On Campus  |                     |                |                    |                                   |  |  |  |
|    | Off Campus – Specify address (Street, City, <b>County</b> and State)   |                     |                |                    |                                   |  |  |  |
|    |  |                     |                |                    |                                   |  |  |  |
| C. | <u>Job Details</u>   |                     |                |                    |                                   |  |  |  |
| 1. | , i  |                     |                |                    |                                   |  |  |  |
|    | <ul> <li>This period should not exceed 3 years. Contact IS</li> <li>It will be the department's responsible</li> </ul> | -                   | -              | ternational Stu    | ident and Scholar Services if the |  |  |  |
|    | employment is terminated prior to t  | <u>he ending</u>    | date of th     | <u>e petition.</u> |                                   |  |  |  |
| 2. | Are you requesting Premium Processing?   | Yes                 | N              | 0                  |                                   |  |  |  |
|    |  |                     |                |                    |                                   |  |  |  |
| 3. | Job Title:   |                     |                |                    |                                   |  |  |  |
|    | • This position is a: 12-month appo  | ointment            | 9-mon          | th appointment     |                                   |  |  |  |
| 4. | Name of direct supervisor  |                     |                | Title              |                                   |  |  |  |
| 5. | Type of employment:  |                     |                |                    |                                   |  |  |  |
|    | Full time - Salary offered:  |                     | per/year       |                    |                                   |  |  |  |
|    | Part time Specify Hours/Week (Please attach the <b>H-1B</b> I  |                     |                | d:<br>n)           | _ per/hour                        |  |  |  |
| 6. | Daily work schedule:   | (e.g. 8 AM to 5 PM) |                |                    |                                   |  |  |  |

| /.  | detailed description is needed. For faculty positions, provide the area of research and the classes the employee will be expected to teach.  |
|-----|--|
| 8.  | Will travel be required in order to perform the job duties? Yes No   |
|     | If yes, explain travel requirements (where employee will travel; how often; and purpose of trips):   |
| 9.  | State the MINIMUM education ( <b>specify degree and major field of study</b> ) that is necessary for someone to competently do the job. Do not indicate what is preferable. Only list what is <b>required</b> for this position.   |
| 10  | . Is post-educational work experience required? That is experience that can only be gained through employment  |
|     | and not during the educational program. Yes No   |
|     | <ul> <li>If yes, specify the number of months of experience required</li> <li>In what occupation is the experience required?</li> </ul>  |
| 11  | . Special Requirements – List specific skills, licenses/certificates/certifications, and other requirements needed to perfor this job.   |
| Na  | me of person completing this form  |
| Sig | gnature Date   |
|     | IMPORTANT INFORMATION AND REQUIREMENTS   |
| an  | ne information provided on this worksheet will be used to request a Prevailing Wage Determination ad/or complete the Labor Conditions Application. Please read the statements below, initial each item dicating that you understand and will comply with the requirements.   |
| en  | The employment of the H-1B nonimmigrant will not adversely affect the working conditions of employees similarly aployed in the area.   |
|     | The salary being paid to the above-named employee is at least the actual wage being paid to all other individuals winilar experience and qualifications for the specific employment in question or the prevailing wage level for the occupation in the occupation in the occupation wage wages was also well as the occupation wage. |
|     | A notice of filing will be sent to the person completing this form and must be posted for 10 working days in a anspicuous location where the H-1B nonimmigrant will be employed. In addition, a notice of filing will be sent to Human pital Services to the posted in Edward Hall.  |

| Signature:   | Date:                 |   |                             |            |  |  |  |  |
|--|-----------------------|---|-----------------------------|------------|--|--|--|--|
|  | First                 | Middle Initial  | Last                        |            |  |  |  |  |
| Name of Department Head:   |                       |   |                             |            |  |  |  |  |
| During the validity of the H-1B, the department is prohibited from placing the employee in "non-productive" status, commonly referred to as "benching" (where the worker is not paid or is paid less than the full hours specified in the petition). If the employee voluntarily requests a leave of absence pursuant to normal University policies (i.e. maternity leave, FMLA, unpaid vacation, etc.), then this is not considered "benching" but must be documented in the H-1B file in the ISSS office.  |                       |   |                             |            |  |  |  |  |
| An Export Control Compliance Form has been submitted to the University Research Compliance Office.   |                       |   |                             |            |  |  |  |  |
| In the event of a layoff or an involuntary termination of employment during the validity period of the H-1B, the department will be responsible for the reasonable transportation costs abroad. In addition, it is essential that you notify ISSS in writing that you have e terminated the employment PRIOR to the last date on payroll and that you have offered the costs of cravel home. If I do not notify the USCIS that employment has terminated, the department can be liable for paying the wages for the entire validity period of the H-1B petition. |                       |   |                             |            |  |  |  |  |
| If the employee will be wor contact ISSS in advance to discuss we petition.  |                       |   |                             |            |  |  |  |  |
| If the employee is transfer (i.e. moves from full-time to part-time any changes occurring.   |                       | cation, is promoted or moves into onditions Application (LCA) and I       |                             | _          |  |  |  |  |
| For Tenure-Track faculty pemployee within 9 months of the daresult in additional costs to the department.  | te of issuance of the | ment will initiate the permanent<br>e offer letter. Failure to start this |                             |            |  |  |  |  |
| There is no strike, lockout,   | or work stoppage d    | ue to labor dispute in this occupa  | ation.                      |            |  |  |  |  |
| The vacation time, sick leav workers in the same classification.   | e and other benefit   | s offered to this employee are eq   | uivalent to that offered to | other U.S. |  |  |  |  |



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