

Labor Condition Application Attestation Form

I have read and understand all of the conditions and regulations associated with the filing of a Labor Condition Application on behalf of my foreign employee and agree to abide by all federal regulations which govern the LCA and the H-1B visa classification. I also confirm that all of the information I have provided to the Office of International Students and Scholars is correct and accurate:

- As the hiring department at the University of New Hampshire I agree to pay the higher of the actual or prevailing wage for the position;
- I agree to pay the H-1B worker the required wage for non-productive time due to a decision by the employer, or due to the H-1B workers lack of a permit or license;
- The employment of the H-1B workers will not adversely affect the working conditions of other workers similarly employed and the H-1B worker will be afforded working conditions on the same basis, and in accordance with the same criteria, as is offered to similarly employed US workers;
- The H-1B worker will be offered benefits and eligibility for benefits on the same basis, and in accordance with the same criteria, as offered US workers;
- There is no strike, lock out of work stoppage in the occupational classification at the time of the filing of the LCA. If such a strike, lock out or work stoppage occurs after the application is submitted, I will notify the OISS within three days to enable them to notify the Department of Labor as required by law;
- Notice to a union bargaining representative of our intent to hire an H-1B worker has been provided; or, if there is no bargaining representative of the position,
- Notice of our intent to hire an H-1B worker has been provided to other workers at the place of employment by posting of the LCA in a prominent place;
- A copy of the LCA will be provided to the H-1B worker prior to the date of employment.

Name of Person with Hiring Authority _____

Title _____ **Department** _____

Signature _____ **Date** _____