

## E-3 ADDENDUM: LABOR CONDITION APPLICATION REQUIREMENTS

The Immigration Act of 1990 requires UCSF to submit a Labor Condition Application to the Department of Labor in addition to forms required by the U.S. Citizenship and Immigration Services. Therefore, the host department must enter the following information and certify the statements below:

<b>Position Title:</b>	_____
<b>Annual Salary:</b>	_____
<b>Hours per week:</b>	40 hours per week (full-time)
<b>Dates of Employment:</b>	_____
<b>Worksite(s):</b>	1) _____
	2) _____
	3) _____

**WE CERTIFY THAT:**

- (1) The salary to be paid to the E-3 employee is equivalent to other U.S. workers in the same classification.
- (2) The vacation time, sick leave, and other benefits offered to the E-3 holder are equivalent to that offered to other U.S. workers in the same classification.
- (3) Employing the E-3 holder will not adversely affect the working conditions of similarly employed workers.
- (4) There is no strike, lockout, or work stoppage due to a labor dispute in this occupation.
- (5) A Notice of Intent to File a Labor Condition Application has been posted in **two conspicuous locations at each of the scholar's worksite(s) indicated above** and will remain posted for **ten consecutive business days**.

**Dates & Locations of Posting:**

From:	To:
Posting Location #1: _____	
Posting Location #2: _____	

- (6) We agree to comply fully with the terms of the Labor Condition Application stated above for the duration of the E-3 holder's employment at UCSF.
- (7) We fully understand that any misrepresentation on or willful violation of the information contained in this Labor Condition Application may incur a penalty preventing UCSF from filing any E-3 or immigrant petition for a period of one year.
- (8) As required by the U.S. Citizenship and Immigration Services, we agree to pay the reasonable cost of return transportation to the E-3 holder's home country if s/he is dismissed before the end of the authorized period of E-3 employment.

**Certified by:**

Chair's Signature:	Date:
Chair's Printed Name:	Sponsoring Department:
HR Service Center/Department Representative:	

Please note: No handwritten changes. This form is kept in an audit file.

Questions or concerns? Please contact ISSO at ext. 6-0281

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