



Beneficiary Last Name (per passport): _____ First: _____

Hiring Department: _____ College: _____

Intended employment dates for this petition*: Start: _____ End: _____

(*Dates may not exceed two years; the dates must agree with the dates on all other documents submitted with this request; and must have a future start date.)

I. TYPE OF PETITION - Check all that apply Beneficiary will: Travel Remain in U.S.

- Checkboxes for New employment, Extension, Amendment, and Concurrent Employment.

II. PROCESSING FEE

OIS will deduct the appropriate, standard processing fees based on the type of petition marked above. (Notice: Current OIS FY 2019 filing fee for requests via travel: \$1,140. If filing within the U.S.: \$3,135.)

Please indicate the FOAPAL string to charge the processing fees to:

Fund: _____ Org: _____ Acct: 141901 Program: _____
Apply optional USDHS Premium Processing fee, if filing within U.S. (Additional \$1,440 will be added to this FOAPAL account.)

III. POSITION INFORMATION Job title: _____ Wage: _____ Per Yr Hr

1. Degree required: _____ Major/field(s) of study required: _____
If other: _____

2. Will this person supervise employees? Yes No
If Yes, number and title of each person supervised: Number: _____ Title: _____

3. Is this position part of a collective bargaining unit? Yes No If Yes, which CBA?: _____

4. Is employment experience required? Yes No
If Yes, indicate the occupation required: _____ Years Required: _____

5. Is training for the job opportunity required? Yes No
If Yes, indicate field/name of training required: _____ Years Required: _____

6. Will travel be required in order to perform the job duties? Yes No
If Yes, explain travel requirements: _____

7. Are there any other working conditions that affect the rate of pay? Yes No
If Yes, specify the working conditions: _____

8. Does the department require a second U.S. diploma/degree? Yes No
If Yes, indicate diploma/degree and the major /field of study required: _____

9. Provide any additional special requirements for this position: _____

10. Provide ALL worksite addresses at which the employee will work during the period of employment requested.

Note: If a non-UIC-operated site, provide a copy of the most recent, signed affiliation agreement and a "right of control" memo.

- Numbered list of worksite addresses (1-6).



IV. DEPARTMENT AUTHORIZATION

I certify that the information provided in this E-3 request is correct. I attest that the position meets the requirements for E-3 eligibility and that the beneficiary meets the requirements for the position. I further certify that no part of the E-3 application fee will be assessed to the foreign national.

Print name of Dean/Department Head		Signature of Dean/Department Head	
Contact Person for this Petition	Contact Person Phone	M/C	
Contact Person's e-mail address	Fax		
Supervisor name		Supervisor Title	
For OIS use only: Date Received 		For OIS use only: Check(s) ordered: _____ By: _____ F/S Rec'd _____ By: _____ F/S Total _____ Voucher # _____	



US DEPARTMENT OF LABOR COMPLIANCE INFORMATION & ACTUAL WAGE DETERMINATION

Hiring Department: _____ Name of Dean/Department Head: _____

Beneficiary UIN (if none, leave blank): _____ Job Title: _____

Intended employment dates for this petition: Start: _____ End: _____ Offered Wage: _____ per year

Provide ALL worksite addresses at which the employee will work during the period of employment requested:

- 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

ACTUAL WAGE MEMORANDUM FOR PUBLIC ACCESS FILE

Employers must pay E-3 workers the higher of the "actual wage" or "prevailing wage." OIS files a prevailing wage with the Department of Labor (DOL) as part of the E-3 process. The actual wage is documented by the Department and is defined as "the wage rate paid by the employer to all other individuals with similar experience and qualifications for the specific employment in question." We ask you to document a wage range for these similarly situated employees and to maintain this list (name, credentials, experience, salary) in the case of a DOL audit. If there are no other similarly situated employees in your Department look to the next highest unit level (College/Division). If there are no similarly employed individuals, the actual wage is the salary offered to the E-3 employee.

1. There are _____ (number of) similarly situated employees in our Department (or next higher unit) with the job title of: _____ (same as above). (Do not include E-3 worker in this range.)

- If "0," UIC will offer the E-3 worker \$ _____ per year. (This is the actual wage. Do not complete #2.)

2. The wage range (include highest and lowest wage) for these similarly situated employees is: \$ _____ to \$ _____ per year. Within this range, an individual salary is determined by taking various factors into consideration, specifically:

- (1) Level of education/Type of Degree
(2) Years of experience in the field
(3) Specific job responsibility
(4) Specialized knowledge
(5) Degree of independent responsibility
(6) Nature of duties involved
(7) Number of Publications/Publication Record
(8) Other: _____

I request that OIS submit a Labor Condition Application on behalf of the above named employee and I further certify that:

- (a) The E-3 nonimmigrant will be paid at least the actual wage level paid by the employer to all individuals with similar experience, qualification, job responsibility, and specialized knowledge for the specific employment in question, or the prevailing wage level for the occupation in the area of employment, whichever is higher;
(b) The employment of E-3 nonimmigrants will not adversely affect the working conditions of workers similarly employed in the area of intended employment; H-1 B nonimmigrants will be afforded working conditions on the same basis, and in accordance with the same criteria, as offered to similarly employed U.S. workers;
(c) On the date this form is signed and submitted, there is not a strike, lockout or work stoppage in the course of a labor dispute in the occupation in which E-3 nonimmigrants will be employed at the place of employment. If such a strike or lockout occurs after this form is submitted, I will notify OIS immediately of the occurrence of such a strike or lockout. I will not hire another E-3 nonimmigrant in the same occupation at the place of employment until OIS notifies our department, and;
(d) A copy of the Labor Condition Application will be provided by OIS to each E-3 nonimmigrant employee, and, as of this date, notice of our intention to hire an E-3 nonimmigrant in the occupation, at the place of employment has been, or will be, posted and was, or will remain posted for 10 days in at least two conspicuous locations at each worksite where the E-3 nonimmigrant will be employed. After posting, the 10-Day Posting Verification Form for the Labor Condition Application will be returned immediately to OIS by the hiring department.

DECLARATION OF DEAN OR DEPARTMENT HEAD: I declare that the information provided on this form is true and correct. In addition, I declare that I will comply with the Department of Labor regulations governing this program and, in particular, that I will make required information, supporting documentation, and other records, files and documents available to officials of the Department of Labor, upon such official request, during an investigation under this application or the Immigration and Nationality Act.

Print name & Title of Dean/Department Head

Signature of Dean/Department Head

Date