



Office of International Affairs  
H-1B Prevailing Wage Questionnaire

The U.S immigration regulations require employers that sponsor H-1B visas to obtain a prevailing wage determination from the U.S. Department of Labor (DOL) for the position being supported. In order to request the prevailing wage determination from DOL, the following information is required from the sponsoring Department.

**DEPARTMENT ADMINISTRATOR'S CONTACT INFORMATION**  
(person responsible for preparing H-1B packet)

Primary Administrator's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**In the absence of the above administrator, list an alternate contact person**

Alternate Administrator's Name : \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**H-1B APPLICANT'S INFORMATION**  
(person being supported for the H-1B)

H-1B Applicant's Full Name: \_\_\_\_\_  
Family/Last Name Given/First Name  
Date of Birth: \_\_\_\_\_

**JOB TITLE**

Job title being offered to the H-1B applicant:

*If this is a Classified title, the minimum job requirements on this form must match the minimum job requirements on the Human Resources Job Description*

Job title of the Supervisor of the H-1B applicant (e.g. Chairman, Professor, Director, etc.):

## JOB DUTIES

Provide a detailed description of the job duties to be performed with as much specificity as possible. The job duties should not be tailored to an individual. If the duties of the position offered are not independent, it is recommended that the first line of the description begins with "Under the direction of \_\_\_\_\_ (e.g. Principal Investigator, Professor, Director) individual will assist..."

## SUPERVISION REQUIREMENTS

**For purposes of the H-1B visa and the Prevailing Wage Form, supervision means that this position holds primary hiring and firing authority and completes the annual evaluation for his or her supervised employees each year.**

Is this position required to supervise employees? ☐ Yes ☐ No

If yes, indicate the number of employee(s) the H-1B will supervise: \_\_\_\_\_; and

Indicate whether the employee(s) to be supervised will be ☐ Peers *OR* ☐ Subordinates *OR* ☐ Both

Indicate job titles and brief job description of employees to be supervised:

## MINIMUM JOB REQUIREMENTS

*Note that the education and experience should describe the minimum required for the position, not the applicant's experience.*

Is the position full-time? ☐ Yes ☐ No

If no, indicate the number of hours per week the H-1B applicant will be employed:

- Specify the minimum education, training, experience, and (if applicable) special requirements that an individual must have in order to hold this position. **DO NOT** tailor the requirements to the H-1B applicant.
- If position is a Classified position, the degree level, years of experience, and special requirement must match the minimum job requirements on the Human Resources Job Description.

Degree required for the position: ☐ None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's

☐ Doctorate (PhD) ☐ \*Other Degree (JD, MD, DDS, etc.) \*If Other Degree, please specify:

Indicate the major field(s) of study for the degree required (e.g. Medicine, Chemistry, Bioinformatics, etc.):

Is a second U.S. degree required? ☐ Yes ☐ No

If yes, indicate the second U.S. degree/diploma and major(s) and/or fields of study required:

Is *Training* for the job opportunity required? ☐ Yes ☐ No

If yes, indicate the number of months: ; and the type of training:

**\*\*Residencies and Fellowships should not be listed in this section, but instead listed under Special Skills or Other Requirements\*\***

Is *Employment Experience* required? ☐ Yes ☐ No

If yes, indicate the number of months: ; and the type of experience (e.g. Research, Teaching, etc.):

Will travel be required in order to perform the job duties? ☐ Yes ☐ No

If yes, provide details of the travel required, such as area(s), frequency, nature of travel, and if H-1B will be reimbursed all expenses associated to mandatory travel. (Note: Conferences may not be mandatory for the job to be performed):

**Special Skills or Other Requirements that are mandatory for the H-1B applicant to perform the required duties of the position:**

(i) License/Certification: ☐ Yes ☐ No If yes, please specify:

(ii) Foreign Language: ☐ Yes ☐ No If yes, please specify:

(iii) Residency/Fellowship ☐ Yes ☐ No If yes, please specify (include type of residency and/or fellowship and length in months):

(iv) Other Special Skills or Requirements (e.g. specific computer language, etc.):

☐ Yes ☐ No

If yes, please specify:

### ALTERNATIVE JOB REQUIREMENTS

**Are alternate sets of Education, Training, and/or Experience accepted for this position?** ☐ Yes ☐ No

*If yes, complete all applicable alternative job requirements below*

*If no, go to Location(s) of Employment section*

**e.g. MD, or other terminal degree, is acceptable in place of PhD; Master's degree and one year of research experience is acceptable in place of the minimum requirement of Bachelor's degree and three years of research experience.**

**Alternate level of education accepted:** ☐ None ☐ High School/GED ☐ Associate's ☐ Bachelor's

☐ Master's ☐ Doctorate (PhD) ☐ \*Other Degree (JD, DO, DDS, etc.) \*If Other Degree, please specify:

**Indicate the major field(s) of study for the degree accept (e.g. Medicine, Chemistry, Bioinformatics, etc.):**

**Is Alternate Training for the job opportunity accepted?** ☐ Yes ☐ No

**If yes, indicate the number of months: ; and the type of training accepted:**

**Is Alternate Employment Experience accepted?** ☐ Yes ☐ No

**If yes, indicate the number of months:**

**Special Skills or Other Requirements that are mandatory for the H-1B applicant to perform the required duties of the position:**

(i) License/Certification: ☐ Yes ☐ No If yes, please specify:

(ii) Foreign Language: ☐ Yes ☐ No If yes, please specify:

(iii) Residency/Fellowship ☐ Yes ☐ No If yes, please specify (include type of residency and/or fellowship and length in months):

(iv) Other Special Skills or Requirements (e.g. specific computer language, etc.):

☐ Yes ☐ No

If yes, please specify:

### Employment Location(s)

**What is the primary employment worksite of the H-1B applicant:**

Street Address City County State Zip

**What is the U.S. residential address of the H-1B applicant:**

Street Address City County State Zip

**Are any of the current or possible employment sites located outside of Harris County:** ☐ Yes ☐ No

**If YES, list all employment worksites outside of Harris County:**

Street Address City County State Zip

Street Address City County State Zip

**Add addendum with additional worksites outside of Harris County if needed**

### PREPARER'S STATEMENT

"I certify that to ensure compliance with H-1B regulations that I have reviewed the information provided in this form carefully; that the information provided is true and correct based on institutional policies/practices related to the job requirements and sites of activity; and, that the information provided in this form is true and correct."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\* The U.S. Department of Labor reserves a minimum of 180 days to process  
Prevailing Wage Determinations\*\****