



# LCA Authorization Form

The undersigned certifies that the following information regarding the position for which an H-1B or E-3 petition is being filed is true and correct, and that the Department will comply with each of the four elements of the Labor Condition Application listed below. Furthermore, the Department authorizes International Faculty & Staff Services (IFSS) to sign the Labor Condition application on behalf of the Department.

Beneficiary (employee) Name:

Petitioner (department) Name:

Department UDDS:

Status Requested:

E-3 Australian Specialty Occupation Workers

Official UW Title (include appropriate prefix):

Percentage of Appointment:

If part-time, # of hours per week:

Full-time salary rate:

Start date of this petition:

End date of this petition:

Basis for the H-1B or E-3 Classification (check the most appropriate box):

- New Employment (1st UW-Madison petition)
- Continuation of previously approved employment (extensions with no changes)
- Change in previously approved employment (non-material changes)
- Change in employer (portability; H-1B transfer)
- New concurrent employment (also has H-1B with another employer at same time)
- Amended petition (material changes)



# International Faculty & Staff Services

OFFICE OF HUMAN RESOURCES

UNIVERSITY OF WISCONSIN-MADISON

## Primary Location of Employment

Street Address:

City:  State:  ZIP:

## Additional Location(s) of Employment (IF APPLICABLE)

(Example: Medical Faculty, list all known clinic/hospital locations employee will work)

Street Address:

City:  State:  ZIP:

Street Address:

City:  State:  ZIP:

Street Address:

City:  State:  ZIP:

**Important Note:** In order for our application to be processed, you **MUST** read the following attestations of the Labor Condition Application and agree to all four (4) labor condition statements summarized below:

- 1. Wages:** Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as offered to U. S. workers.
- 2. Working Conditions:** Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.
- 3. Strike, Lockout, or Work Stoppage:** There is no strike, lockout, or work stoppage in the named occupation at the place of employment.
- 4. Notice:** Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this form will be provided to each nonimmigrant worker employed pursuant to the application.

**I have read and agree to** the Labor Condition statements 1, 2, 3, and 4 above.

Signature of Hiring Authority:  Date: