

14. The Scripps Research Institute is required to submit a Labor Condition Application (LCA) to the Department of Labor before submitting the H-1B petition to USCIS. Before the International Office does so, you must certify the following statements. **WE CERTIFY THAT:**

- i. The salary being paid to the above-named employee is at least the actual wage being paid to all other workers with similar experience and qualifications for the specific employment in question **OR** the prevailing wage level for the occupation, **whichever is higher**.
- ii. The vacation time, sick leave, and other benefits offered to this employee are equivalent to that offered to U.S. workers in the same classification.
- iii. Employing this person will not adversely affect the working conditions of U.S. workers similarly employed.
- iv. There is no strike, lockout, or work stoppage due to labor dispute in this occupation.
- v. A Notice of Intent to File a Labor Condition Application to Employ an Alien H-1B Temporary Worker at The Scripps Research Institute (copy attached) has been posted in two conspicuous locations and will remain posted for ten consecutive days. Dates of posting: _____; Location: _____.

(NOTICE AND POSTING TO BE HANDLED BY THE INTERNATIONAL OFFICE)

15. ALSO:

- i. We agree to comply fully with the terms of the Labor Condition Application stated above for the duration of the employee's employment in H-1B status at TSRI.
- ii. We understand that the H-1B worker is an employee of TSRI and enjoys all the rights and responsibilities of any TSRI employee including TSRI compensation and benefits.
- iii. We understand that international visitors who change status in the U.S. from F or J to H-1B also change their tax status in the U.S., usually resulting in more tax withholdings from the visitor's pay.
- iv. We agree to offer to pay reasonable costs of return transportation to the H-1B employee's last place of foreign residence if s/he is dismissed for any reason before the end of the authorized period of H-1B employment.

I HAVE READ AND AGREE TO THE LABOR ATTESTATIONS AND OTHER STATEMENTS ABOVE.			
_____	_____	____/____/____	_____
Name & Title of Lab Director / P.I.	Signature	Date	Ext.
_____	_____	_____	_____
Name of Lab Administrative Assistant	Ext.	Email	
_____	_____	_____	
Name of person completing this form	Ext.	Email	
_____	_____	_____	