

Office of Immigration Affairs (OIA)
University of Puerto Rico-Mayagüez
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INFORMATION SHEET TO REQUEST PREVAILING WAGE DETERMINATION

As part of the H-1B visa classification process for international scholars, the Federal Department of Labor (DOL) must approve the “Labor Condition Application, Form ETA-9035”. Therefore, we must first request the DOL, the Prevailing Wage Determination (PWD) by submitting form ETA-9141 to obtain the PWD.

To complete the ETA-9141 form, we ask the academic department to complete the following information regarding the position and appointment offered to the selected candidate. This information will be used to apply for the PWD. All academic department chairs must ensure that the information provided is the same as the one advertised and required for the position (not the characteristics or assets that the candidate you are interested in hiring or appointing has). The Federal Department of Labor establishes that this description and information corresponds to what the institution offers and makes available to any citizen who could hold the same position. Please provide evidence of the position announcement (send a copy with this form). Additionally, we request that the academic departments carefully verify and submit the correct information so that the process of requesting the H-1B status is not delayed. If any doubts or questions arise, please contact **Dr. Frances J. Santiago Torres**, PDSO / ARO at francesj.santiago@upr.edu.

This request is for: _____ New H1b _____ H1b Extension

I. Petitioning Department information:

Chair Name _____

Email: _____

Department: _____

Faculty: _____

Address: _____

Telephone & extensions: _____

II. Candidate name (For Internal use of OIA)

Name: _____

Residential and Postal address: _____

Telephone: _____ Email: _____

III. Job Offer Information

A. Job Description (Please provide a copy of all job announcements for this position.)

1. Job title: _____

2. Wage to be paid. Annual: _____ Monthly: _____

3. Number of weekly work hours:

Basic _____ Extra Time _____

4. Work Schedule (If applicable):

AM (hours:minutes) _____ : _____ PM (hours:minutes) _____ : _____

5. Type of appointment: ☐ tenure track ☐ substitute ☐ especial

☐ service contract ☐ other, specify: _____

6. Period of employment (must not exceed three years for H1B):

From (month/day/year) _____ - Until (month/day/year) _____

7. Name and title of the direct supervisor for this employee:

8. Will this employee supervise other employees:

☐ No ☐ Yes How many? _____

9. Job Duties:

Include all details regarding **specialty/discipline**, and **all courses** that this professor may teach or can teach. Please **include alphanumeric codes and course titles**.

10. Additional tasks for this position, if any:

11. Will traveling be **required** for this position?

◇ No ◇ Si

If travel is required, explain the requirements, purpose, and frequency.

12. Is there any other work condition that may affect the regular monthly salary?

◇ No ◇ Yes

If yes, specifically mention those work conditions.

B. Minimum requirements for the job:

1. Minimum academic preparation required (diploma/degree in USA equivalent).

◇ None ◇ High School ◇ Associate ◇ Bachelors ◇ Masters

◇ Doctorate (Ph.D.)

◇ Other (JD, MD, etc.) Specify:

Indicate the **area or discipline of specialization** (may indicate more than one):

2. Requires a second degree/diploma for the position?

◇ No ◇ Si

If it is required, indicate degree/diploma and area or discipline of de specialization:

3. Requires training for the position: ◇ No ◇ Si

How many months/years? _____

Indicate area/discipline or name of required training:

4. Requires experience for the job: ◇ No ◇ Si

How many months?

Indicate in what occupation or area of specialization experience is required:

5. Other requirements, **if applicable**, make a list (specify any skills, licenses, certificates, or diplomas).

C. Place of Employment Information:

1. Address (physical):

City: _____ State: _____ Zip Code: _____

2. Address (postal): _____

City: _____ State: _____ Zip Code: _____

3. Will work be performed at another location within the area of proposed employment or other locations than the address listed above?

◇ No ◇ Yes

Indicate the geographic location as specifically as possible:

We certify that all the information submitted is correct.

Department Chair

Date

Signature

Dean of the Faculty

Date

Signature