

**LSUHSC-11  
H-1B PREVAILING WAGE REQUEST**

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**EMPLOYER'S NAME & ADDRESS:**

LSU Health Sciences Center  
433 Bolivar Street, Suite 206B  
New Orleans, LA 70112-2223

**ADDRESS(ES) WHERE WORK WILL BE PERFORMED (include full address and parish):**

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**NATURE OF EMPLOYER'S BUSINESS ACTIVITY: Higher Education, Research and Patient Care**

**TITLE OF POSITION BEING FILLED:** \_\_\_\_\_

**BASE HOURS/WEEK:** \_\_\_\_\_

**JOB DUTIES** (include all possible duties for the position, even if not performed at present):

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**PROPOSED SALARY:** \$\_\_\_\_\_ **Base:** \_\_\_\_\_ / **Supplement:** \_\_\_\_\_

**\*Proposed salary should only include guaranteed wages. Do not include supplement if not guaranteed as part of wages.**

**MINIMUM EDUCATION REQUIRED (Degree and Field of Study):** \_\_\_\_\_

**MINIMUM EXPERIENCE REQUIRED:** \_\_\_\_\_

(N/A or 0 if none or definite number; 6 months, 1 year)

**PROFESSIONAL LICENSE REQUIRED:** \_\_\_\_\_

**TITLE OF POSITION'S IMMEDIATE SUPERVISOR (not name):** \_\_\_\_\_

**NUMBER OF EMPLOYEES POSITION TO SUPERVISE:** \_\_\_\_\_

(N/A or 0 if none, definite number if known, or a range, 0-3 are acceptable. TBD is not an acceptable response.)

**ALL INFORMATION PROVIDED ON THIS FORM SHOULD BE ABOUT THE POSITION'S REQUIREMENTS, NOT THE PROPOSED HIRE/EMPLOYEE'S CREDENTIALS/QUALIFICATIONS!!**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Faculty Sponsor)