

LSUHSC-16
WORKING CONDITIONS REPORT

DATE: _____

NAME OF H-1B WORKER: _____

JOB TITLE: _____

DEPARTMENT: _____

This will confirm that the above (proposed) employee will be afforded working conditions on the same basis, and in accordance with the same criteria, as offered to U.S. workers in the same or similar occupation.

Faculty Sponsor Name

Faculty Sponsor/Supervisor Signature