



H-1B Supplement

Request for H-1B petition to be filed on behalf of prospective employee
To be Completed by Department and submitted with Form A

International Students & Scholars Office ♦ 888 Commonwealth Avenue, Second Floor ♦ Boston, Massachusetts ♦ 02215
Telephone: 617/353-3565 ♦ issosch@bu.edu ♦ www.bu.edu/isso ♦ Facsimile: 617/358-1170

A. BU Department Information

Department: _____

BU Host / Supervisor Name: _____ Department Contact Name: _____

B. Scholar Name

Family Name / Surname: _____ First / Given Name: _____ Middle Name(s), if applicable: _____

C. Additional Appointment Information

Title of this scholar's position: _____ Number of full-time employees (not students) this scholar will supervise: _____ Title (not name) of immediate supervisor of this H-1B scholar: _____

Describe fully the job duties to be performed. Include amount and type of supervision required.

What are the **minimum** requirements for this position? List **only** the minimum qualifications needed to perform in this position; do NOT simply list the applicant's qualifications. The more experience and education required, the higher the prevailing wage determination. Please refer to the Faculty Handbook and the Position Description Questionnaire (PDQ) for guidance when completing the information requested below.

Education:

Total years of post-secondary education required: _____ Highest degree required: _____ or equivalent

Major field of study: _____ or closely related field

Training (Does the position require specialized training in addition to the above education?)

Number of years of training required: _____ Plus/or number of months: _____

Briefly describe the training required: _____

Experience: (Does this position require experience in the job offered or in a related occupation?)

Experience required in the job offered: Years _____ Months _____

Experience required in related occupation:* Years _____ Months _____

* Specify occupation: _____

Other Special Requirements: _____

A. BU Department Information

School/ College: _____ Campus: _____

Department: _____

B. Scholar Name

First/Given Name: _____ Middle Name(s), if any: _____

C. Appointment Information

University/Personnel Title: _____ Appointment Start Date: _____ Appointment End Date: _____

D. Actual Wage Information

Salary offered to applicant: \$ _____

Salary range of employees with same title in accordance with chart below: \$ _____ to \$ _____

There are no other employees in this department/section holding the same title. Therefore, no employees are listed below and the salary offered constitutes the "actual wage."

Instructions: The information requested here is required by the Department of Labor for the *Public Access File* that will be kept in relation to this application. In the chart below, list **all** employees – including US citizens – with the same title as the applicant and complete all pertinent information. In the block below the chart, explain any variations in salaries (e.g., "Employee #3 has 6 years of experience at BU" or "Employee #8 has been granted two patents") This chart determines the "actual wage" (see definitions on page 2) paid in your department to those with the same title. If additional space is needed, please continue on a separate sheet.

BU ID #	Salary at Time of Hire	Current Salary	Hire Date	Highest Degree	Year Received
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Please explain any substantial or unclear variations in the salaries listed above. For Example, "Employee #3 has 6 years of experience at BU" or "Employee #8 has been granted two patents."

Which of the following factors were considered in determining the applicant's salary (please check all that apply):

<input type="checkbox"/> Degree(s) earned	<input type="checkbox"/> Comparable rate of pay at similar institutions
<input type="checkbox"/> Previous work experience	<input type="checkbox"/> Premium to hire away from another institution
<input type="checkbox"/> Academic honors	<input type="checkbox"/> Particular skills this individual possesses
<input type="checkbox"/> Area of specialization	<input type="checkbox"/> Demonstrated decision-making ability
<input type="checkbox"/> Supervisory responsibilities	<input type="checkbox"/> Other _____

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Reviewed by: _____

Date: _____

Higher Wage is:

Actual Wage Prevailing

Department Chair or Host/Supervisor	_____ <i>Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
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