

**INTERNATIONAL FACULTY & SCHOLARS**

Global Center, Room 142  
615 North Park Avenue  
P.O. Box 210087  
Tucson, AZ 85721

Ofc: 520-626-6289  
Fax: 520-626-5406

[www.international.arizona.edu/ifs](http://www.international.arizona.edu/ifs)

## DECLARATION OF DEPARTMENT

Name of H-1B Applicant: \_\_\_\_\_

The department will comply with the following regulations during the H-1B application process and during the employment of the above-named FN as required by the INA and CFR.

**NOTE: Every box must be checked in order to indicate that the employer will comply with each statement.**

- Return cost of transportation to the last residence abroad will be provided to the FN (employee) if s/he is dismissed prior to the end date of appointment.
- H-1B non-immigrants will be paid the actual wage level of those individuals with similar experience and qualifications for the specific employment in question or the PW as determined by DOL, whichever is higher.
- Employment of the H-1B nonimmigrant will not adversely affect the working conditions of workers similarly employed in the area of intended employment.
- On the date that this application is signed and submitted, there is no strike, lockout, or work stoppage in the course of a labor dispute in the occupation in which the H-1B non-immigrants will be employed at the place of employment.
- By posting a notice of this filing in two (2) conspicuous places for ten (10) consecutive business days, notice of this application was provided to workers employed in an occupation similar to the proposed employment of the H-1B nonimmigrant worker.

The department will be responsible for notifying IFS of any changes in the H-1B employment (terms of employment, place of employment, transfer to another university department, significant changes in duties, salary increases over 10% or more, termination, resignation, etc.).

**\*\*It is the responsibility of the department to inform IFS immediately. Federal regulations require that DOL and USCIS be notified before any changes in employment take place.\*\***



**SIGNATURE OF DEPARTMENT HIRING AUTHORITY**

*“Pursuant to 28 USC §1746, I declare under penalty of perjury that the information provided on this form is true and correct.”*

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*Name & Title of Hiring Authority*

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*Signature*

*Date*

