Mississippi State University Attestation for Actual Wage Determination

I certify that the following information on the attached **Comparison for Actual Wage Determination** form(s) regarding other employees in the

(Department Unit) is true and correct. I further certify that (check one):

Department/Unit) is true and correct. I further	certify that (check one):	
There are no comparable employees in the department when all U. S. Department of Labor factors are considered; therefore, the actual wage is the wage that will be paid to the H1-B employee.		
The wage/salary of the prospective H-1B er	nployee falls within the range of wages/salarie the department; therefore, the H1-B employee he/she will occupy.	
Name of Preparer		
Title of Preparer		
Signature of Preparer	Date	
Signature of Department/Unit Head	 Date	

Attestation for Labor Condition Application

I understand that a Labor Condition Application (LCA) must be filed with the U. S. Department of Labor prior to filing an H1-B petition. I certify that this department will comply with the following requirements during the validity period of the H1-B petition:

- The H1-B employee will be paid the higher of either: (a) the wage/salary paid to the other MSU employees in the same occupation who have similar experience, qualifications, and responsibilities, or (b) the prevailing wage for the occupation as determined by the Mississippi Employment Security Commission.
- The employment of this H1-B nonimmigrant will not adversely affect the working conditions of employees similarly employed in the area of intended employment.
- Adequate funds have been allocated within the department/unit to pay the H-1B
 nonimmigrant's wage/salary for the specific employment period requested in the H1-B
 petition.
- The International Employment Counselor in the Human Resources Management Department will be notified immediately should the terms of the H1-B nonimmigrant's employment change during the validity period of the petition.
- The reasonable cost of the H1-B nonimmigrant's return trip home will be paid by the department should he/she be terminated before the expiration of the petition's validity period.

Name of Faculty Sponsor	
Signature of Faculty Sponsor	Date
Name of Department/Unit Head	
Signature of Department/Unit Head	Date