

Part-Time H-1B Hourly Certification Form

Department of Labor and Department of Homeland Security regulations require employers to be able to verify the hours worked by H-1B specialty workers. This certification form has been developed as a compliance tool to certify the hours worked weekly for H-1B specialty workers who are working part-time (i.e. not 40 hours per week) and who are salaried (i.e. hours worked are not being tracked in Kronos).

This form must be completed by the hiring department and sent to UC International Services the first day of each month following commencement of employment. It must be signed by the H-1B specialty worker, his/her supervisor and the Business Administrator for the unit. Failure to provide this form as requested could result in a termination of the H-1B specialty worker petition. Failure to provide accurate information could result in disciplinary action against those making the required certifications below.

Name of H-1B Employee: _____

Hours worked per week for the month of: _____, 20____.

Certification Section

Employee Certification: I certify that I have worked the hours indicated above for the month indicated above.

(Name)

(Signature)

Supervisor Certification: I certify that the H-1B employee listed above did not exceed the weekly hours of employment listed above for the month indicated above. I understand that asking the H-1B employee to work additional hours above those indicated would be a violation of federal law unless the employee was compensated for the extra hours at the Actual Wage Determination Rate as specified in the Labor Condition Application filed with the I-129 H-1B petition. I also understand that part-time H-1B employees are not permitted to work on a full-time basis. To do so violates the terms of the USCIS approved petition.

(Name)

(Signature)

Business Manager Certification: I certify that the information provided above is true and accurate and that the above named part-time salaried H-1B employee was compensated for each hour worked during the period covered by this certification form.

(Name)

(Signature)