

TABLE OF CHANGES – FORM
Form WH-4, Nonimmigrant Worker Information
OMB Number: 1205-0310
Expiration Date: 05/31/2018

Reason for Revision:

The proposed revisions to the instrument are largely to fully comply with Section 508 requirements and to better facilitate communication and contact with the complainant.

Current Page Number and Section	New Page Number and Section	Current Text	Proposed Text/Change	Time Burden Reduction or Increase estimate	Justification
N/A	N/A	N/A	The form is a LIVECYCLE document.	N/A	To improve accessibility and achieve 508 compliance.
N/A	N/A	N/A	General formatting changes and line edits.	N/A	To allow for ease of completion and clearer direction for completing the form.
Page 1	N/A	This report is authorized by the American Competitiveness and Workforce Improvement Act (ACWIA) of 1998. 8 U.S.C. §§ 1182(n)(2)(G), 1182(t)(3)(A).	This report is authorized by certain Immigration and Nationality Act provisions . 8 U.S.C. §§ 1182(n)(2)(A), 1182(n)(2)(G), and 1182(t)(3)(A).	N/A	To provide more accurate legal authorization for the report.
Page 1	N/A	Your identity will be kept confidential to the fullest extent provided by the law. 5 U.S.C. §552(b)(7)(D). Please provide as much of the requested information as possible. Attach additional sheets if you need additional space to respond to a question. If you do not understand a term, or need assistance in the completion of this	Instructions: Please provide as much of the requested information as possible. If necessary, attach additional sheets to this form if you need more space to answer. If you do not understand a term, or need assistance in the completion of this form, please contact the U.S. Department of Labor Wage and Hour Division (WHD) at 1-866-4USWAGE (1-866-487-9243). Once you	No change	To provide clearer instructions on how to complete the form and how to submit it once the form is completed.

		form, please contact the Wage and Hour Division of the U.S. Department of Labor: 1-866-4USWAGE (1-866-487-9243). After you submit the form, a representative from the DOL may contact you if further information is necessary to initiate an investigation.	complete this form, please mail or otherwise deliver it to the WHD office that has jurisdiction over the physical location of the employer. For WHD office locations visit http://www.dol.gov/contacts/whd/america2.htm . After you submit this form, a WHD representative may contact you if further information is necessary to initiate an investigation.		
Page 1	Page 1	N/A	The Immigrant and Employee Rights Section of the U.S. Department of Justice, Civil Rights Division, handles complaints alleging failure to offer employment to an equally or better qualified U.S. worker or a misrepresentation regarding such offer(s) of employment. If your allegations concern such matters, please file your complaint with the Immigrant and Employee Rights Section at https://www.justice.gov/crt/filing-charge . You may also call the toll-free Worker Hotline at 1-800-255-7688 or 1-800-237-2515 (TTY).	15 second increase	To advise the individual seeking to complete the form that if his/her allegations concern failing to hire equally of better qualified U.S. workers to contact the Immigrant and Employee Rights Section at DOJ, since IER enforces those provisions.
Section 1, Page 1		Mr./Miss/Mrs./Ms.	Deleted	5 second reduction	Removed for data alignment.
Section 1, Page 1		Middle Name	Middle Initial	5 second reduction	Revised for data alignment.
Section 1, Page 1		Email Address (optional)	Email address	No change	As email use has become routine and another method to establish contact, it should no longer be an optional field.

Section 1, Page 1		Days/Times when you can be reached at that number	Best way to contact you: mail, telephone, email	No change	To help facilitate contact with the individual.
Section 2, Page 1		Nature of Source's Relationship to Employer (Please check all that apply)	Status. Please identify the status under which you are filing this complaint.	No change	To increase clarity as to identity of the person completing the WH-4.
Section 2, Page 1		Nonimmigrant Worker	Nonimmigrant Worker (please choose visa classification below)	No change	Added for better usability.
Section 2, Page 1		Nonimmigrant Worker Former or Current Employee (dates of employment) (check the box)	Nonimmigrant Worker	30 seconds reduction	Reformatted as indicated below.
Section 2, Page 1		U.S. Worker Former or Current Employee (dates of employment) (check the box)	U.S. Worker	30 second reduction	Reformatted as indicated below.
Section 2, Page 1		Competitor Business (please specify)	Competitor Business (please specify business name)	No change	Added for better usability.
Section 2, Page 1		Federal Government Agency (please specify)	Federal Government Agency (please specify agency)	No change	Added for better usability.
Section 2, Page 1		State or Local Government Agency (please specify)	State or Local Government Agency (please specify agency)	No change	Added for better usability.
Section 2, Page 1-		Community or Service Organization (please specify)	Community or Service Organization (please specify organization)	No change	Added for better usability.
Section 3, Page 2		Information on Employer Committing Alleged Violation(s)	Information on Company or Entity Committing Alleged Violation(s). Please provide the information below on the company or entity that committed the alleged nonimmigrant program violation(s).	No change	Revised for better understanding on who the allegation are being made against, who might not be the complainant's employer.
Section 3 Page 2		Employer Representative to be Contacted	Representative to be contacted	No change.	Removed to reflect that the entity committing the alleged violations may not be the complainant's employer.
Section 3 Page 2		N/A	If the company or entity named above employed	No change	To better understand the

			you, please identify the dates of employment and your job title/occupation.		nature of the complainant's relationship to the company/entity committing the alleged violations.
Section 3 Page 2		N/A	Dates of employment Job/title occupation	15 second increase	To better understand the nature of the complainant's relationship to the company/entity committing the alleged violations.
Section 3 Page 2		N/A	Did the company or entity identified above place nonimmigrant workers with another company or entity? Yes, No, I don't know.	15 second increase	To better understand the nature of the alleged violations.
Section 3 Page 2		N/A	If yes, please identify the name of the company or entity where nonimmigrant workers were placed.	15 second increase	To better understand the nature of the alleged violations.
Section 4, Page 3		Description of Alleged Violation(s). Please check the appropriate box(es), (a) through (q), which best describe the violation of the applicable nonimmigrant worker provisions of the Immigration and Nationality Act which you believe have occurred. In Section 8, identify each item checked and describe, in as much detail as possible, the facts and circumstances which cause you to believe that violations have occurred. (Note. Items m, n, o, and p do not apply to H-1B1 or E-3 workers.)	Description of Alleged Violation(s). Please check the appropriate box(es) that best describe the alleged violation(s) of the applicable nonimmigrant worker provisions of the Immigration and Nationality Act which you believe have occurred.	30 second decrease	To improve ease of reading.
Section 4,		Employer does not	Employer does not afford	No change	To fix line-edit

Page 3		afford nonimmigrant worker(s) working conditions (hour, shifts, and vacation periods) on the same basis as it does U.S. worker(s), or the employment of nonimmigrant worker(s) adversely affects the working conditions of U.S. worker(s).	nonimmigrant worker(s) working conditions (hours, shifts, and vacation periods) on the same basis as it does U.S. worker(s), or the employment of nonimmigrant worker(s) adversely affects the working conditions of U.S. worker(s).		
Section 4, Page 3		N/A	Note: The following items do not apply to H-1B1 or E-3 workers. An H-1B dependent employer is one who employs 25 or fewer full-time equivalent employees employed in the U.S. and at least eight H-1B nonimmigrant workers; or 26-50 full-time equivalent employees employed in the U.S. and at least 13 H-1B nonimmigrant workers; or 51 or more full-time equivalent employees employed in the U.S. and 15% or more are H-1B nonimmigrant workers. INA 212(n)(3)(A), 20 CFR 655.736(a). An H-1B willful violator is an employer found to have committed either a willful failure or a misrepresentation of material fact by either DOL (INA 212(n)(2)) or the Department of Homeland Security (INA 212(n)(5)) during the five-year period preceding the labor condition application filing.	30 second increase	Added for better usability and to better understand the applicable violations.
Section 4, Page 3		H-1B dependent/willful violator employer laid-	H-1B dependent/willful violator employer displaced U.S. worker(s)	10 second decrease	Added for better usability and to better understand

		off U.S. worker(s) and has replaced or seeks to replace U.S. worker(s) with H-1B worker(s) within 90 days before or after filing H-1B visa petitions.	in its own workforce within 90 days before or after filing H-1B visa petitions.		the applicable violations.
Section 4, Page 3		H-1B dependent/willful violator employer placed H-1B workers(s) at another employer's worksite where U.S. workers have been laid-off and /or has failed to inquire of the second employer whether it has or intends to lay-off U.S. worker(s) and replace them with H-1B worker(s).	H-1B dependent/willful violator employer placed H-1B workers(s) at another employer's worksite where U.S. workers have been displaced within 90 days before or after placement of the H-1B worker(s), and /or has failed to inquire of the second employer whether it has or intends to displace U.S. worker(s) within 90 days before or after placement of the H-1B worker(s).	10 second decrease	Added for better usability and to better understand the applicable violations.
Section 4, Page 3		H-1B dependent/willful violator employer failed to hire a U.S. worker who applied and was equally or better qualified for the job for which the H-1B worker was sought. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or a misrepresentation regarding such offer(s) of employment, may be filed with U.S. Department of Justice, Office of Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW., Washington, DC 20530.	H-1B dependent/willful violator employer failed to hire a U.S. worker who applied and was equally or better qualified for the job for which the H-1B worker was sought. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or a misrepresentation regarding such offer(s) of employment, may be filed with the Immigrant and Employee Rights Section of the U.S. Department of Justice, Civil Rights Division at https://www.justice.gov/crt/filing-charge . You may also call the toll-free Worker Hotline at 1-800-255-7688 or 1-800-237-2515 (TTY).	No change	To provide updated contact information for the Immigration and Employee Rights Section of DOJ.
Section 6,		N/A	LCA number(s) under	15 seconds	To better

Page 4			which the alleged violation(s) were committed (if known)	increase	understand the nature of the complaint.
Section 7, Page 4		N/A	Inclusion of address data fields for location of work sites where alleged violations occurred	No change	Added for data alignment.
Section 8, Page 4		N/A	To the best of your knowledge, do these alleged violations affect other H-1B workers employed by the employer? (check yes or no) If yes, please explain your basis for this knowledge.	15 seconds increase	To help identify if a class of workers is affected. This helps WHD determine the extent of the issue surrounding the filed complaint.