H-1B SUPPORT REQUEST FORM

INSTRUCTIONS: Complete ALL sections of this form. The information should be specific to the job position and NOT based on the employee's education and qualifications. Mark "N/A" for fields that are not applicable to the position. For the address section, please include the address information for ALL intended place(s) of employment, including off-campus locations. Submit this completed form along with a copy of the job description, a copy of the offer letter, and a copy of the individual's resume to Morgan Daughdrill, Employment Coordinator for Human Resources Management.

Extend H-1B for Current E	mployee New H	New H-1B Petition/Transfer from Another Universit		Amend Current H-1B/Title Change			
SECTION 2: Department In							
Name of Employing Departn	nent/Onit:						
Name of the Department He	ead:						
Title:		Email:					
Phone Number:			Fax Number:				
Physical Address:							
SECTION 3: Information for the JOB POSITION Employee NetID (Amendments & Extensions ONLY):			Employee Name (Amendments & Extensions ONLY):				
Position Title :	Full-Time Pa	art-Time	IF PART TIME, specify the work	hours per week:			
Hourly Work Schedule:			If PART TIME, indicate the salary	per hour:	YES NO		
A.M. to P.M. Annual Salary:			(Divide annual salary by 2080):				
Job Title of the Employee's S	unervisor:						
Does this Position Require the Employee to Supervise the Work o			k of Other	YES – How many?	NO		
Professionals?			6. 66.	TES TION MAINY.			
Intended Dates of H-1B:		Start Date:		End Date:			
Requested start date cannot be more than 6 months in advance of the intended begin date of employment. The maximum duration for per each							
request is 3 years for H-1B (6 years in total). Full Description of Job Duties:							
ruii Description of Job Dutie	:5.						
Attach a separate sheet if you need additional space							

SECTION 1: Select The Type of Request(s)

Indicate the MINIMUM US Degr	ee Level and Major/Field of Study	Required for the JOB POS	ITION:		
Bachelors	Master's	Doctorate		Other Degree* (JD, MD, etc.)	
Major/Field Of Study:					
*IF OTHER DEGREE, specify the dip	oloma/degree required:				
Does The Employer Require A Second US Diploma/Degree? If YES, indicate the second US diploma/degree and the major/field of study required:					NO
Is Training for the Job Position Required? If YES, specify the number of months and the field(s) of training required:					NO
Does the Job Position Require Ar IF YES, specify the occupation title and				YES	NO
Are There Additional Special Requ IF YES, list specific skills, licenses/cert		nt of the job opportunity:		YES	NO
Will Travel Be Required in Order 1	o Perform The Job Duties? If YES,	explain the travel requireme	ents:	YES	NO
SECTION 4 - Place of Employ lame of the Primary Intended Place		ment)			
			_		
Physical Address:			Room Number: (i.e. office/labor	atory)
City:		County:			
State:	Postal Code and Department Mail Code:				
Will the employee perform job dut	ies at other worksites other than t	he address listed above?		YES	NO
IF YES, list the address for ALL other in	tended place(s) of employment. If nec	essary, submit an attachmer	nt for all anticipated	worksites.	
IMPORTANT: The H-1B non-immigrant request. Unauthorized worksites is con authorization as well as their H-1B non	sidered a violation of H-1B/E-3 regula				

Acknowledgement of Hiring Department's Responsibilities

By signing below, the department accepts responsibility for the accuracy of this form and certifies the following:

- 1. Employment of this H-1B non-immigrant employee will not adversely affect the working conditions of workers similarly employed. Further, this employee will be afforded working conditions on the same basis, and in accordance to the same criteria, as offered to similarly employed U.S. workers.
- 2. The department will notify HRM of any changes in this employee's working conditions including salary, physical location of the job, hours, title, benefits, etc.
- 3. The department understands that it is liable for the reasonable cost of return transportation abroad for this employee if they are dismissed from employment by the University before the period authorized under H-1B status. The department also understands that a written offer of such must be made to the employee upon dismissal.
- 4. The department understands that it is responsible for covering the \$460 form filing fee associated with the H-1B petition. Additionally, the department is responsible for the \$500 fraud and detection fee that MUST be paid with a new H-1B petition or when an employee changes sponsors within an H-1B classification. If premium processing is required, the department is expected to pay the \$2,805 processing fee, unless the fees are necessitated for personal reasons on behalf of the employee.
- 5. If, after consultation with your HR Generalist, the department moves forward with the Labor Condition Application (LCA) before receiving the prevailing wage determination from the Department of Labor Office of Foreign Labor Certification, then the department agrees to increase the employee's wage and provide backpay if the prevailing wage issued by DOL is higher than the actual wage in the offer letter.

Signed: (Hiring Coordinator)	Date
Signed: (Department Head)	Date