

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 Rachael Caldwell or Amanda Eddington, Employment Coordinators for Human Resources Management.

SECTION 1: Select The Type of Request(s)

Extend H-1B for Current Employee	New H-1B Petition/Transfer from Another University	Amend Current H-1B/Title Change
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SECTION 2: Department Information

Name of Employing Department/Unit:	
Name of the Department Head:	
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 Part-Time	IF PART TIME, specify the work hours per week:	
Hourly Work Schedule:			YES NO
A.M. to P.M.		If PART TIME, indicate the salary per hour: (Divide annual salary by 2080):	
Annual Salary:			
Job Title of the Employee's Supervisor:			
Does this Position Require the Employee to Supervise the Work of Other Professionals?		YES – How many?	NO
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:			
Attach a separate sheet if you need additional space			

Indicate the MINIMUM US Degree Level and Major/Field of Study Required for the JOB POSITION:			
Bachelors	Master's	Doctorate	Other Degree* (JD, MD, etc.)
Major/Field Of Study:			
*IF OTHER DEGREE, specify the diploma/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:			YES NO
Is Training for the Job Position Required? If YES, specify the number of months and the field(s) of training required:			YES NO
Does the Job Position Require Any Previous Employment Experience? If YES, specify the occupation title and the number of months of experience required:			YES NO
Are There Additional Special Requirements For The Job Position? If YES, list specific skills, licenses/certificates/certifications, and requirement of the job opportunity:			YES NO
Will Travel Be Required in Order To Perform The Job Duties? If YES, explain the travel requirements:			YES NO

SECTION 4 - Place of Employment Information			
Name of the Primary Intended Place of Employment: (i.e. Name Department)			
Physical Address:		Room Number: (i.e. office/laboratory)	
City:	County:		
State:	Postal Code and Department Mail Code:		
Will the employee perform job duties at other worksites other than the address listed above?		YES	NO
IF YES, list the address for ALL other intended place(s) of employment. If necessary, submit an attachment for all anticipated worksites.			
<p>IMPORTANT: The H-1B non-immigrant worker may not perform job duties at other worksites that are NOT listed at the time of the prevailing wage request. Unauthorized worksites is considered a violation of H-1B/E-3 regulations and can lead to the termination of the worker's employment authorization as well as their H-1B non-immigrant status.</p>			



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 back-pay 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 _____