

Mississippi State University H-1B (Specialty Occupation) Information Form

This form is to be completed by the department/unit and submitted to the department of Human Resources Management. The following must be attached for processing:

- Foreign National's resume or curriculum vitae
- Job Description

Note: Upon approval through the chain of command, individual will only be authorized to work as specified on this form.

◆ Section 1: Purpose of the Application

- Apply for New H-1B
- Extend Current H-1B Status
- Transfer Current H-1B Status (from another institution, attach copy of current H-1B approval notice)
- Other _____
- Please expedite! We will pay the additional \$1,225 to have the USCIS adjudicate the case in 15 days.

◆ Section 2: Foreign National Information

Family Name _____ First Name _____ Middle Initial _____

Present Address _____

Place of Birth: City _____ Country _____

Country of Citizenship _____

Names of Dependent Family Members and Their Status _____

- Not currently in the United States (skip to Section 3)
- Current Status: F-1 J-1 H-1B F-2 J-2 TN O-1 Other _____
- Expiration of current status: _____

◆ Section 3: Department Information

Department: _____

Division: _____

Department Contact: _____ Phone: _____

E-mail Address: _____

◆ **Section 4: Position Offered**

Dates requested for status: _____ To _____ (Up to 3 years per petition)
(mo/day/year) (mo/day/year)

Position Title: _____

Annual Wage \$ _____ Nine-month position Twelve-month position

Position Number: _____

Regular hours of position (i.e. 8a.m. to 5p.m.): _____ # of hours per week _____

Will this position supervisor any staff? Yes No If yes, how many? _____

Work Location/Address(es)

Will this employee be working in the U.S., but outside Oktibbeha County for more than 60 days a year? (If yes, please attach a list of all temporary work locations.) Yes No

If this position requires a degree, in what area of study must that degree be?
