

H-1B Request

To be completed by H-1B Worker

Instructions: Please complete this form and return it to your department with all required supporting documents. Please see "checklist" for additional documents required for this petition.

A. Personal

Last Name _____ First Name _____ Middle Initial _____

Date of Birth ____ / ____ / ____ Gender: ____ Male ____ Female
mo day year

U.S. Soc. Sec. No. (if available) ____ - ____ - ____ Marital Status: ____ Married ____ Single

Country of Birth _____ Country of Citizenship _____

Province of Birth _____ Current E-mail Address _____

Current Occupation _____

Foreign Address (required) _____

U.S. Home Address (if in U.S.) _____

Current Home Phone Number _____ Work Phone Number _____

Passport Number _____ Date Passport Issued ____ / ____ / ____ Date Passport Exp. ____ / ____ / ____
mo day year mo day year

Highest Degree Obtained (Please check only one box):

a. Bachelor's degree (for example: BA, AB, BS)

b. Master's degree (for example: MA, MS, MEng, MEd, MSW, MSB)

c. Professional degree (for example: MD, DDS, DVM, LLB, JD)

d. Doctorate degree (for example: Ph.D., Ed.D.)

e. Other (please explain) _____

Major/Primary Field of Study _____

Did you obtain a Masters or Higher degree in the United States? Yes No

If yes, please list the year obtained _____

Please list the University's name and address _____

B. Immigration Status (please complete this section only if you are currently in the U.S.)

Most Recent Arrival Date ____ / ____ / ____ I-94# _____
mo day year

Current Non-immigrant Status: __F-1 __F-2 __J-1 __J-2 __H-1B __H-4 __TN __Other(specify) _____

Expiration Date of your current status: ____ / ____ / ____
mo day year

Do you have any plans to travel outside of the U.S. between now and the start date of this petition? Yes No

If yes, please list dates of travel _____

C. Visa Application Information (required)

Specify the City and Country of U.S. Embassy/Consulate where you will apply for your entry visa if overseas OR if your extension or change of status is denied _____

continued on back

D. H-1B Petition Information

Have you ever been in J-1 status? Yes No

If yes, are you subject to the 2-year home residence requirement (212e) Yes No

If yes, have you fulfilled this requirement or obtained a waiver of (212e) Yes No

If not, you are not eligible for H-1B status.

Have you been granted H-1B status in the past? Yes No

If Yes, please complete the following:

Please indicate the period(s) of time you were approved for H-1B status (each set of approval dates): _____

Have you traveled outside the US while on H-1B? Yes No

If yes, please list each set of dates that you were outside the U.S. _____

Have you been present in the US in another immigration status during any time that you were approved for H-1B status? Yes No

If yes, list only those dates and the circumstances below:

Do you have an application for U.S. permanent residency pending? Yes No

Are you in exclusion or deportation proceedings? Yes No

E. Family Information

1. I do not have dependents in the U.S.

2. My dependents do not require H-4 status at this time.

3. I do have ____ number of dependents who require H-4 status.*

**If dependents (spouse and/or children) are currently in the U.S., use Form I-539 downloadable from the USCIS website to petition for H-4 status and see checklist for additional information. This should be used for change of employer petitions even if their current H-4 status is valid.*

*If you have dependents in the U.S. on H-4:

My dependent(s) has traveled outside the U.S. since obtaining H-4.

Please list each set of dates that each dependent was outside the U.S. with the corresponding name of the dependent:

My dependent(s) has not traveled outside the U.S. since obtaining H-4 status.

H-1B Worker Checklist

Please submit the following required documents
3 copies of each

A. All applicants:

- 1. Copy of diploma/certificate AND English translation if applicable.
- 2. Copy of transcript if your field of study is not indicated on diploma/certificate, AND English translation if applicable
- 3. Credentials evaluation if degree earned abroad (*highly recommended, but not required*).
- 4. Current Curriculum Vitae
- 5. Unaltered original document form and translation form, if applicable
- 6. If currently in the U.S.: I-94 (*front and back*)
- 7. If currently in the U.S.: Entry visa
- 8. Passport identity page and expiration page
- 9. If applied for Permanent Residency, please attach copies of notices received from Immigration.

In addition, any worker currently in the US must submit the following: 3 copies of each

B. If in F-1 or F-2 status:

- 10. Copies of all previous I-20(s)
- 11. Copies of Employment Authorization Document (EAD), if applicable
- 12. If currently in F-2 status, submit copies of F-1's I-20s, visa and passport expiration page, I-94 (*front and back*), and EAD if applicable.

C. If in J-1 or J-2 status:

- 13. Copies of all previous DS-2019/IAP-66(s) (*front and back*)
- 14. Copy of waiver of 2- year home residence requirement (212e), if applicable and/or US Department of State "Waiver Recommendation" letter
- 15. If currently in J-2 status, submit copies of J-1's DS-2019s/IAP-66s, visa and passport expiration page, I-94 (*front and back*)

D. If in H-1B or H-4 status:

- 16. Copies of all previous I-797 Approval Notice(s)
- 17. If currently in H status with another employer, please submit evidence of maintenance of status (*copy of the most recent pay stub or letter from current employer*).
- 18. If in H-4 status, submit copies of H-1's I-94 (*front and back*) and evidence of H-1's maintenance of status (*I-797 and copies of most recent pay stub or letter from current employer*).

E. If Dependents(s) who are applying for H-4 status are in the U.S.

- 19. Completed Form I-539 (*dependents' application to request an extension of stay and/or change of status*)
- 20. Copies of dependents' previous I-797 Approval Notice(s), if applicable
- 21. Copies of dependent's I-94(s), entry visa(s), passport information page(s) and any other evidence of entering legally and maintaining status
- 22. Evidence of financial support (*letter from H-1B worker indicating job title, department, salary and dates of new H-1B petition as well as a statement that they will support their dependents for duration of their stay*.)
- 23. Petition fee for I-539 = \$300 (*check or money order in U.S. dollars payable to "Department of Homeland Security"*)

UNALTERED ORIGINAL DOCUMENTS

TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES

Copies of documents submitted are exact copies of unaltered original documents.
I understand that I may be required to submit original documents to an immigration
or consular official at a later date.

Print Name of H-1B Worker

Signature of H-1B Worker

Date Signed

TRANSLATION OF FOREIGN LANGUAGE DOCUMENT(S)

I, _____ hereby certify that I am competent to translate
from the _____ language into English and that the attached is the accurate
translation of the original document(s).

Print Name & Title of Translator

Signature of H-1B Worker

Date Signed

H-1B Request

To be completed by Hiring Department

In order to begin processing this H-1B request, please submit all required forms and supporting documents four to six months in advance of start date. Processing currently takes approximately four months and is subject to change. Please type or print clearly. Write "N/A" where appropriate.

Name of Beneficiary (Employee) _____ SS# (if available) _____

1. Type of Petition—check one

- Initial employment (First time working at IIT in H-1B status)
- Extension (Continuation of previously approved H-1B employment without change)
- Amendment (Change in previously approved H-1B employment with title/duties/salary/sponsoring department)
- New Concurrent Employment (Will continue H-1B at another place of employment and will work simultaneously at IIT)

2. Information About the Position (Please answer all questions)

Name of hiring department at IIT _____

Name of supervisor of the beneficiary _____

Title of the supervisor _____ Phone # _____ Fax # _____

Beneficiary's job title at IIT _____

_____ Full Time _____ Part Time (If part-time, please indicate # of hours/week _____)

Wage \$ _____ per _____ year _____ hour (please circle one)

Non-technical description of position (e.g. research in the Department of Electrical and Computer Engineering) _____

Intended Employment dates for this petition (not to exceed three years): From _____ / _____ / _____ to _____ / _____ / _____
mo / day / year to mo / day / year

** (dates must be in the future)

** These dates must agree with dates in the employment letter you prepare for immigration (see attached) but they do not need to match the dates of the appointment letter from the Graduate College or HR

All addresses where the beneficiary will work (use complete mailing address) _____

Departmental Contact Person _____ Phone # _____

Email _____

Fed Exp: _____ OR FRS account number (UPS): _____ (Required)

Signature of Human Resources (Staff appointments only) _____

Signature of Dean or Dept. Chair (Faculty/Research appointments only) _____

Signature of Darsh Wasan (National Center for Food Safety & Tech appointments only) _____

(Please return this form to the Departmental Contact Person listed above after signing)

Hiring Department Checklist

Please submit Items A & B to the International Center
(405 Main Building)

A. Beneficiary Forms and Supporting Documents

- Please be sure to submit all required documents from the H-1B Worker's checklist

B. From Department:

- H-1B Request Form—Completed by Hiring Department
- Department of Labor Compliance and Actual Wage Determination
- Prevailing Wage Statement Worksheet
- Department's Employment letter to support this petition. *See sample for suggested format.*

Please submit a CDV to Accounting for the proper fees listed below:

C. Application Fee (check or money order in US dollars payable to the Department of Homeland Security.

Separate checks are required for each fee):

- Standard Fee \$320—required for every H-1B application (*must be paid by the hiring department with an institutional check*)
- Anti-Fraud Fee \$500—required for all initial H-1B requests (*not extensions or amendments*). Must be paid by the hiring department with an institutional check
- Premium Processing Fee (*optional*) of \$1,000. (*This fee may be paid by the hiring department or the worker.*)

To request an institutional check from accounting: submit a CDV to accounting and:

- attach a copy of this checklist to your check request

AND

- indicate the name of the H-1B worker on the CDV

AND

- ask accounting to call the International Center after the check(s) has been prepared at ext. 7-3680.
The International Center will then directly pick up the check(s) from accounting.

H-1B Employment Letter

Sample

Please print on Departmental Letterhead Stationary

Date

Department of Homeland Security
U.S. Citizenship and Immigration Services
California Service Center
Laguna Niguel, CA 92607

Re: H-1B Petition of Illinois Institute of Technology
Department of Nuclear Industry
On behalf of **DOE, John**

Dear Examiner:

This letter is in support of the petition to classify Dr. Doe, a Finnish national, as an H-1B nonimmigrant in a specialty occupation, to serve as an Assistant Professor in our department on a temporary basis. The intended period of employment is three years (*this must match the period of time requested below and in the H-1B request form completed by the Hiring Department*).

The Position Offered (*To demonstrate the degree requirements and duties of position. Must match information on Prevailing Wage Form*)

Dr. Doe is being offered temporary employment as an Assistant Professor with expertise in foreign nuclear teaching methods, to serve as coordinator of basic nuclear courses and supervisor of the teaching assistants who will serve as instructors of these courses. The position of Assistant Professor requires a Ph.D. degree which is a standard requirement for this type of position. In addition, we expect the holder of the position to advise undergraduate majors in Nuclear Industry and to possess the enthusiasm and energy to motivate students and attract them into the program. Finally, we expect knowledge of contemporary methods and business practices of the countries with extensive nuclear facilities. These are all areas necessary for growth of the program.

The Beneficiary (*To demonstrate that the applicant meets the minimum requirements for the position.*)

Dr. Doe received his Ph.D. from the University of Southern California in 1988 in nuclear technology, with a specialization in radioactivity reactions and a dissertation on nuclear technology teaching. A copy of his degree and transcripts are included. His work before and since the Ph.D. has included an adjunct professorship in the School of Medicine at Indiana University and a position as nuclear appliances consultant for the Nuclear Home Appliances Society. His scholarly publication and participation in professional conferences since the Ph.D. has been impressive, including articles in Radioactivity Today (The Nuclear Home) and papers read at national conventions of the Fusion Association and the American Council on the Creation of Nuclear Appliances. He has served as annotator and co-editor for Nuclear textbooks with publishers Physics Inc. and Wiley Reactions Inc. His energy and enthusiasm have been well attested. These credentials make Dr. Doe especially well suited to assist us in strengthening our undergraduate program.

Terms of Employment

We intend to employ Dr. Doe for a three-year period, from October 1, 2005 to September 30, 2008 in the position offered. A shorter period would not provide the necessary momentum and continuity for program development. We understand the temporary scope of Dr. Doe's employment and have informed him of this condition. He is being compensated at the rate of \$37,235 per year. In the event that we are unable to continue his employment, we will pay the reasonable cost of Dr. Doe's transportation back to Finland.

Sincerely,

Chair, Department of Nuclear Industry

(Do not type what is written in italics; these are instructions for the hiring department)

To be completed by Hiring Department

U.S. Department of Labor
Compliance Information and Actual Wage Determination

Department Name _____ Name of Dean or Department Chair _____
Beneficiary Name _____ Job Title _____
Employment Dates for this petition ____ / ____ / ____ to ____ / ____ / ____ Actual Wage \$ _____ per _____
Location of Work Place _____

I request that the International Center submit a Labor Condition Application on behalf of the above named employee and I further certify that:

- (a) The H-1B nonimmigrant will be paid at least the actual wage level paid by the employer to all individuals with similar experience, qualification, job responsibility, and specialized knowledge for the specific employment in question or the prevailing wage level for the occupation in the area of employment, whichever is higher;
(b) The employment of H-1B nonimmigrants will not adversely affect the working conditions of workers similarly employed in the area of intended employment;
(c) On the date this form is signed and submitted, there is not a strike, lockout or work stoppage in the course of a labor dispute in the occupation in which H-1B nonimmigrants will be employed at the place of employment. If such a strike or lockout occurs after this form is submitted, I will notify the International Center immediately of the occurrence of such a strike or lockout. I will not hire another H-1B nonimmigrant in the same occupation at the place of employment until the International Center notifies our department;
(d) A copy of the Labor Condition Application will be provided by the International Center to each H-1B nonimmigrant employed, and, as of this date, notice of our intention to hire an H-1B nonimmigrant in the occupation at the place of employment has been or will be posted and was, or will remain posted for 10 days in at least two conspicuous locations where the H-1B nonimmigrant will be employed.

After posting, the 10 day notice/posting verification form for the Labor Condition Application (to be provided later by the International Center) will be returned to the International Center by the hiring department.

Actual Wage Memorandum for Public Access File

The actual wage for other employees in our department with similar work experience, qualifications, education, job responsibility, function and specialized knowledge are paid \$ _____ per year.

There are _____ employees in our Department with the job title of _____ (same as above).

The wage range for these employees is \$ _____ to \$ _____ per year (inclusive of this petition).

Within this range, an individual salary is determined by taking various factors into consideration, specifically:

- (1) _____
(2) _____
(3) _____
(4) _____
(5) _____
(6) _____

Declaration of Department Chair: I declare that the information provided on this form is true and correct. In addition, I declare that I will comply with the Department of Labor regulations governing this program and, in particular, that I will make required information, supporting documentation, and other records, files and documents available to officials of the Department of Labor, upon such official request, during an investigation under this application of the Immigration and Nationality Act.

Print Name _____ Signature of Department Chair _____ Date _____

Note: It is recommended that the department maintain a list of the surveyed employees and their credentials and experience used to determine their wage. The list may be needed in the case of a Department of Labor audit.

H-1B Request

To be completed by Hiring Department

Department Prevailing Wage Statement Worksheet

Please Read Instructions on the next page before completion.

1. Name of Beneficiary _____ SS# _____
Department _____
Work Address _____
2. Where alien will work (City, State) _____
Nature of employer's business (Teaching, Research, Service) _____
3. Job Title _____
Title of the supervisor _____
4. Total hours per week: a. Basic _____ b. Overtime (N/A)
5. Work Schedule (hourly) _____ a.m. _____ p.m.
6. Rate of Pay: a. Basic \$ _____ per year _____ b. Overtime \$ (N/A)
7. Describe fully the job to be performed—**NOT** the beneficiary's abilities or skills _____

8. State in detail the education, training, and experience required for the position—**NOT** what the beneficiary has obtained:
Education (enter number of years): Grade School _____ High School _____ College _____
College degree required (specify) _____
Major field of study _____
9. Training: number of years _____ Type of training _____
10. Experience required: Job offered _____
Related occupation (specify) _____
Years of training experience (if applicable) _____ Months of training experience (if applicable) _____
11. Other special requirements _____

12. Number of employees to be supervised (if any) _____

The above information is for completing the H-1B petition process. This is not a labor certification form.

Print name of Department Chair

Signature of Department Chair

H-1B Request

Department Prevailing Wage Statement Worksheet

Please note that the person must have the education and experience required by the job. The form must reflect the minimum requirements of the position, **not** of the individual hired.

1. **BENEFICIARY'S NAME, SS#, DEPARTMENT, WORK ADDRESS;** Self-explanatory
2. **CITY—STATE WHERE ALIEN WILL WORK;** Chicago, IL; if 2 locations—mention both (*i.e.* Argonne and Chicago)
3. **JOB TITLE;** Self-explanatory (*check with hiring representative in department that this title is available and applicable*)
4. **TOTAL HOURS PER WEEK;** Self-explanatory (*usually 40 hours unless part-time*)
5. **WORK SCHEDULE;** Self-explanatory (*usually 8:30 a.m.–5 p.m.*)
6. **RATE OF PAY;** Self-explanatory (*e.g. \$31,000 per year*)
7. **DESCRIBE FULLY THE JOB TO BE PERFORMED;** (a) Describe the duties to be performed, e.g. teach, perform, research, develop, instruct, present, apply, obtain, publish. Etc. (b) Describe the tools, knowledge, and skills used to perform the duties, e.g., use XXXX equipment, XXXX knowledge, and XXXX skills for the purpose of XXXX
8. **EDUCATION;** Under **College**, write the number of years required for the degree required. Bachelor = 4; Master & professional (MD, LL.D) = 6, and Ph.D. = 8. Under **College Degree Required**, write the degree required for the position. Example: BS, MS, PhD. Under **Major Field of Study**, write the field(s) required for hiring for this position. Please also confirm that what is required for the position is also something that the individual has.
9. **TRAINING;** DNA (*does not apply*), unless specific training is necessary to perform #7. The individual with such training must have received a certificate/diploma. Training during the course of pursuing a degree or supervised by professor or primary supervisor is not acceptable.
10. **EXPERIENCE;** Experience required to perform #7. Do not refer to the applicant's number of years of experience but rather to what the job requires. A Post Doctoral Researcher position does not require any years of experience. If zero, please put 0.
11. **OTHER SPECIAL REQUIREMENTS;** N/A, unless specific training is necessary to perform #7. Training during the course of pursuing a degree or supervised by professor or primary supervisor is not acceptable.
12. **NUMBER OF EMPLOYEES TO BE SUPERVISED;** Will the job require supervision of other full-time employees? If so, indicate how many employees. (*Note: student workers and graduate assistants do not count.*)

#7–#10 all refer to what the proposed position requires,
NOT what the candidate has obtained/achieved.