

H-1B Employing Department Request Packet

The H-1B Request Packet is divided up into two parts; the portion that the employing department completes, and the portion that the prospective H-1B employee completes. Please assemble both portions for submission to OIS as one package. This will facilitate processing of your request at OIS. Thank you for your assistance.

Please note that all fees associated with the H-1B petition must be paid by the employing department. Each fee listed below requires a separate check. Information on requesting checks from the Working Fund can be found at http://www.fincsvc.umaryland.edu/wf/. The required documentation to request checks from the Working Fund is included in this packet (pages 9 and 10). A request may be submitted to OIS without the checks so that processing may begin. An H-1B petition cannot be filed with U.S. Citizenship & Immigration Services without the checks.

Please provide the documents listed below:

H-1B Request Form (pages 2-3 of this packet);

Actual Wage Questionnaire (page 4);

Acknowledgment of Hiring Official (page 5);

One original and 4 copies of H-1B departmental support letter (sample on pages 6-7);

Deemed Export Questionnaire (page 8);

Copy of offer letter (for new hires);

For clinical faculty: Copy of license to practice in the State of Maryland;

Dental School: Letter from Dean's office indicating their approval of the H-1B request;

To determine which fees are required, please consult our H-1B timing and fees chart at http://www.umaryland.edu/ois/departments/timingandfeeschart.html

Check for \$325 payable to Department of Homeland Security (all cases);

Check for \$500 payable to Department of Homeland Security for all new H-1B petitions (consular processing, change of status, and H-1B transfer petitions);

Check for \$1,225 payable to Department of Homeland Security if the department wishes expedite USCIS approval of the H-1B petition via the Premium Processing Service



H-1B Request Form

Prospective H-1B Employee	
Last Name First Name	
Departmental Information	
Employing Department & School	-
Administrative Contact Name	_
Phone Number E-mail address	_
H-1B Employee Supervisor's Name Supervisor's Title	
Position Information	
In answering these questions, please answer based on the minimum qualifications required for the position , not the qualifications that the prospective employee has.	
Position Title	
Minimum education required for the position	
Required field(s) of study	
Is a second degree required? 🗌 No 📄 Yes, list degree and field of study	
Is any post-degree experience required? 🗌 No 📄 Yes, list number of years	
Is training for the job opportunity required? No Yes, list years and field of training required	
Will this person supervise employees (do not include students)?	t
Location(s) of employment (please provide address):	
Description of job duties	



H-1B Petition Information		
Requested Start Date Requested End Date		
Is this job offer full time or part-time? 🗌 Full-time 🗌 Part-time, number of hours per week		
Salary offered		
How would you like the H-1B petition mailed?		
Please send via FedEx using our account number		
Authorized by (administrative contact name)		
Department Billing Contact Name		
Please send using U.S. airmail		



Actual Wage Questionnaire

Name of H-1B Employee:	

Position Title: ______

Proposed Salary: _____

How many employees are in your department with the same position title with similar education, experience and job duties?

Please list the Employee ID, start date and salary of the individuals identified above. If you require additional spaces, please attach a separate sheet using the same format.

Employee ID	Start Date	Salary

Further, I attest to the following:

- 1. The H-1B non-immigrant will be paid the higher of either the actual or prevailing wage and is eligible for the same benefits as other similarly employed individuals.
- 2. The employment of this individual will not adversely affect working conditions of the individuals listed above.
- 3. There is no strike, lockout or work stoppage in this department for the position indicated above. Should such an event occur, the department will notify OIS immediately.

Department/Personnel Administrator Signature: ______

Date: _____



Acknowledgment of Hiring Official

I certify the following:

	The H-1B non-immigrant will be paid the higher of either the actual wage or the prevailing wage and is eligible for the same benefits as other similarly employed individuals. The salary offered reflects the wage level paid to all other individuals with similar experience and qualifications working in this school/department. If there is more than one wage paid to employees, I am able to explain the reason(s) for this differential in wage rates. If required to do so, I am able to provide documentation (which must include names and payroll records of similarly employed individuals) to the Department of Labor to verify these statements.
	The employment of this individual will not adversely affect working conditions of similarly employed workers. Additionally, there is not a strike, lockout, or work stoppage affecting employees in the occupation at the work site.
	The Department will notify the OIS if the terms of the employment change during the validity period of this H-1B petition so an amended petition can be filed with the U.S. Citizenship and Immigration Service (USCIS).
	The Department agrees to pay the reasonable costs of the foreign national's return trip to his/her home country should the Department terminate the employment before the expiration of the authorized period of stay approved by the U.S. Citizenship and Immigration Services.
Signatu	ıre: Date:



Sample H-1B Support Letter

Please copy into word processing software (i.e., Microsoft Word, etc.) fill in the blanks and print on departmental letterhead

U.S. Citizenship and Immigration Services Department of Homeland Security California Service Center ATTN: Cap Exempt H-1B Processing Unit 24000 Avila Road, Room 2312 Laguna Niguel, CA 92677

RE : H-1B Petition sponsored by University of Maryland on behalf of _____

employees name

To Whom It May Concern:

This letter is submitted in support of the petition by University of Maryland, Department of			
to classify Dr./Mr./Ms	, a	national, as a	
department name	employees name	country of citizenship	
H-1B nonimmigrant in a specialty occupation,	to serve as a	for this University on a	
temporary basis.	positi	on title	

The Petitioner

The University of Maryland is the state's public academic health and law university devoted to professional and graduate education, research, patient care, and public service. Using state-of-theart technological support, UM educates leaders in health care delivery, biomedical science, social services and law. By conducting internationally recognized research to cure disease and to improve the health, social functioning, and just treatment of the people it serves, the campus fosters economic development in the state. UM is committed to ensuring that the knowledge it generates provides maximum benefit to society, directly enhancing the community.

The Position Offered

The main duties of this position are _____

The Beneficiary

Dr./Mr/Ms. ______possesses the necessary qualifications for the above position. He/she received his/her Bachelors/Master's/Ph.D. in ______from _______. A copy of his/her Curriculum Vitae and a list of his/her publications are attached to this petition.



Terms of Employment

Employment of the type offer	ed to Dr./Mr/Ms	is by appointment from the Dean
of the School of	Dr./Mr/Ms	is compensated at
an annual salary of	per year. We are requ	uesting that H-1B employment
commence on	·	

University of Maryland is aware that employers are required by law to provide return transportation for the H-1B worker if employment is terminated prior to the expiration of the approved H-1B petition. Thank you for your attention to this matter.

Sincerely,

Name of Hiring Official/Departmental Representative Title

eenestive Employee Information

Prospective Employee Information:	
Name:	
Appointment Title:	
Country of Legal Residency:	
Country of Citizenship:	
Faculty Sponsor/Supervisor Name:	
School: Department, center, institute:	
A requirement in the Form I-129 visa petition process is to determine whether or not an Export Contr for the employee. OIS or University Counsel cannot complete the visa application process until this is vetted by the Chair or Director and by UMB's Export Control Officer. Any future changes to the employ reviewed. For details about Export Control please see the <u>Export Control web pages</u> .	sue has been fully
The following questions must be completed and the form signed by the faculty sponsor/supervised γ	sor:
 Will the employee have access to any proprietary or confidential information derived from as a corporate sponsor) that cannot be shared? Access would include verbal discussion shared drives or websites, access to laboratories and equipment YES NO 	
Will the employee be working on corporate sponsored research?YES NO	
3. Will the employee be working on materials obtained under a Material Transfer Agreeme	ent?
 Will the employee be working with high-tech or experimental equipment (examples would computers, sensors, materials, electronics, lasers, telecommunication devices or other equipment)? YES NO 	
 5. Will the employee have access to any pathogens, toxins, vaccines, nerve agents, nerve a medical countermeasures? YES NO 	gent precursors, or
6. Will the employee have access to encryption software or technology?	
Signature of Faculty Sponsor/Supervisor	

Print Name

Date

If all answers above are "no" please sign and submit this form with other visa application materials. If the answer to any of the above questions is "yes" please scan and email this form for a secondary review to Janet Simons, Director, Research Policy and Export Control Officer jsimons@umaryland.edu. If a license is not required this form will be signed by the Export Control Officer and returned directly to OIS or University Counsel.

After secondary review it has been determined that a license for Export Control is not required for this prospective employee.

What Is the Filing Fee?

The base filing fee for this petition is \$325.

A U.S. employer filing Form I-129 for an H-1B nonimmigrant or for a Chile or Singapore H-1B1 Free Trade Nonimmigrant must submit the **\$325** petition filing fee and, unless exempt under Part B of the H-1B Data Collection and Filing Fee Exemption Supplement, an additional fee of either **\$1,500** or **\$750**.

A U.S. employer with a total of 25 or fewer full-time equivalent employees in the United States (including any affiliate or subsidiary of the employer) is only obligated to pay the \$750 fee.

A U.S. employer filing Form I-129 who is required to pay the ACWIA fee may make the payment in the form of a single check or money order for the total amount due or as two checks or money orders, one for the ACWIA fee and one for the petition fee.

NOTE: On or after **March 8, 2005**, a U.S. employer seeking initial approval of H-1B or L nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B or L nonimmigrant currently working for another U.S. employer, must submit a **\$500** fee. This **\$500** Fraud Prevention and Detection fee was mandated by the provisions of the H-1B Visa Reform Act of 2004.

Those petitioners required to submit the \$500 Fraud Prevention and Detection fee are also required to submit either an additional \$2,000 (H-1B) or \$2,250 (L-1) fee mandated by Public Law 111-230 if:

- 1. The petitioner employs 50 or more individuals in the United States;
- 2. More than 50% of those employees are in H-1B or L nonimmigrant status; and
- 3. The petition is filed before October 1, 2014.

The Fraud Prevention and Detection fee and Public Law 111-230 fee, when applicable, may not be waived, and each fee should be submitted in separate checks or money orders. You must include payment of the fee(s) with your submission of this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. Petitioners for Chile or Singapore H-1B1 Free Trade Nonimmigrants do not have to pay the \$500 Fraud Prevention and Detection Fee or the additional fee required under Public Law 111-230.

NOTE: Employers filing H-2B petitions for employment to commence on or after October 1, 2005, must submit an additional fee of **\$150**. The Save Our Small and Seasonal Businesses Act of 2005 authorized this **\$150** Fraud Prevention and Detection Fee.

NOTE: An additional biometric service fee as described in 8 CFR 103.7(b) is required if the alien is lawfully present in the CNMI when applying for an initial grant of E-2C status. After submission of the form, USCIS will notify you about when and where to go for biometric services.

NOTE: An additional biometric service fee as described in 8 CFR 103.7(b) is required if the alien is lawfully present in the CNMI when applying for an initial grant of a federal nonimmigrant status. After submission of the form, USCIS will notify you about when and where to go for biometric services.

Fees must be submitted in the **exact** amount and cannot be refunded. **Do not mail cash.** All checks and money orders must be drawn on bank or other institution located in the United States and must be payable in U.S. currency. The check or money order must be made payable to the **Department of Homeland Security**.

When preparing the check or money order, spell out Department of Homeland Security. Do not use the initials "DHS" or "USDHS."

Checks are accepted, subject to collection. An uncollected check will render the petition and any document issued invalid. A charge of \$30 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.

How to check if the fee is correct. The fee on this form is current as of the publication date appearing in the lower right corner of this page. However, because USCIS fees change periodically, you can verify if the fee is correct by following one of the steps below.

- 1. Visit our Web site at <u>www.uscis.gov</u>, select "FORMS," and check the appropriate fee; or
- 2. Telephone our National Customer Service Center at 1-800-375-5283 and ask for the fee information.

NOTE: If your petition requires payment of a biometric service fee for USCIS to take your fingerprints, photograph or signature, you can use the same procedure to obtain the correct biometric fee.

Processing Information

Any petition that is not signed or accompanied by the correct fee will be rejected with a notice that the petition is deficient. You may correct the deficiency and resubmit the petition. A petition is not considered properly filed until accepted by USCIS. Form I-140 Premium Processing Courier Address:

Premium Processing USCIS California Service Center 24000 Avila Road 2nd Floor, Room 2312 Laguna Niguel,CA 92677

Form I-140 Premium Processing E-Mail Address:

CSC-Premium.140@dhs.gov

Vermont Service Center

Form I-140 Premium Processing Courier Address:

Premium Processing USCIS Vermont Service Center 63 Lower Welden Street St. Albans, VT 05479-8001

Form I-140 Premium Processing E-Mail Address:

VSC-Premium.140@dhs.gov

Service Processing Information

Our goal at USCIS is to process all petitions and applications fairly. The processing time will vary, depending on the specific circumstances of each case. We may reject an incomplete request. We may deny your request if you do not give us the requested information or do not go to a scheduled interview.

To request USCIS forms, call our toll-free forms line at **1-800-870-3676**. You may also get USCIS forms and information about immigration laws and regulations by calling our National Customer Service Center at **1-800-375-5283** or visiting the USCIS Internet Web site at **www.uscis.gov.**

If you change your address, you must complete Form AR-11, Alien's Change of Address Card, according to the instructions on the form.

What Is the Filing Fee?

The filing fee for Form I-907 is \$1,225.

The \$1,225 Premium Processing fee is **in addition to** all other applicable filing fees. The petitioner, attorney, or beneficiary may pay the \$1,225 fee, but the beneficiary cannot sign

Form I-907. You must pay for Premium Processing Service with a **separate check or money order**. (Example: One check or money order attached to the relating petition or application, and one check or money order attached to Form I-907).

Use the following guidelines when you prepare your check or money order:

- 1. The check or money order must be drawn on a bank or other financial institution located in the United States and must be payable in U.S. currency. **Do not mail** cash.
- 2. Make the check or money order payable to the U.S. Department of Homeland Security. Spell out U.S. Department of Homeland Security. Do not use the initials "USDHS" or "DHS."

Your check or money order must be honored by the bank or financial institution. If it is not, we will charge you a fee for a returned/bounced check, and your request for Premium Processing Service will be terminated.

How to Check If the Fees Are Correct?

The form and biometric fees on this form are current as of the edition date appearing in the lower right corner of this page. However, because USCIS fees change periodically, you can verify if the fees are correct by following one of the steps below:

- 1. Visit our Web site at www.uscis.gov, select "FORMS," and check the appropriate fee;
- 2. Review the Fee Schedule included in your form package, if you called us to request the form; or
- 3. Telephone our National Customer Service Center at 1-800-375-5283 and ask for the fee information.

NOTE: If your Form I-907 requires payment of a biometric service fee for USCIS to take your fingerprints, photograph, or signature, you can use the same procedure to obtain the correct biometrics fee.

Address Changes

If you change your address and you have an application or petition pending with USCIS, you may change your address online at **www.uscis.gov**, click on "Online Change of