

H-1B REQUEST PACKET

Initial H-1B Checklist and Cover Letter

DATE RECEIVED BY UBIS:

Please include all of the items noted below as part of your H-1B Request Packet. **Failure to provide** UB Immigration Services, 201 Talbert Hall, North Campus with all of the following items **at least 6 months before the proposed H-1B start date** could jeopardize the success of your petition or delay its processing.

- ___ 1. Completed H-1B Questionnaire
- ___ 2. Completed and signed Deemed Export Controls Attestation
- ___ 3. Support Letter on **University departmental letterhead** requesting that an H-1B petition be approved by USCIS (see sample on website). Please note that the letter must specify:
 - Duties and responsibilities of the position
 - Salary offered
 - Dates of employment desired
 - Required qualifications of the position
 - How the individual meets those requirements
 - Promise to pay return transportation if employee is dismissed from employment before status ends
- ___ 4. If a new appointment, copy of the offer letter or appointment letter issued to the individual
- ___ 5. Copy of the individual's degree/s, diploma/s, certificate/s or a letter from the school indicating that s/he has the required education. If the document is not in English, it must be accompanied by an English translation.
- ___ 6. If work experience is required for the position, documentation (e.g., letters from former employers) that the individual has the required experience
- ___ 7. Copy of the individual's CV or resume
- ___ 8. If the individual is currently in the US:
 - A copy of both sides of the I-94 Arrival/Departure Record (small, white card) stapled to the passport
 - A copy of the biographic page of the passport used to enter the United States (*If the passport has expired, please provide evidence of the passport's extension or the biographic page of a new passport*)
 - A copy of the U.S. visa used to enter the United States (stamped page in passport)

- Copies of all approval notices and status documents such as, but not limited to, I-797's, I-20's and DS-2019's

___ 9. If already in H-1B status and working for another U.S. employer, a copy of your two most recent paystubs

___ 10. Copy of the individual's Social Security Card (if available)

___ 11. U.S. Citizenship & Immigration Services ("USCIS") Filing Fees:* Check drawn on a bank located in the U.S. (or money order) **payable to the "U.S. Department of Homeland Security"** in the amount of:

___ \$325 USCIS filing fee

___ \$500 Fraud Prevention and Detection Fee

Note: BOTH the \$325 I-129 Filing fee and the \$500 Fraud Prevention and Detection fee must be paid by the employer and must be drawn on separate employer checks.

___ **Additional \$1,225** if "Premium Processing" by USCIS is desired. (With Premium Processing, the USCIS will process the H-1B petition within 15 calendar days of its receipt. Premium Processing does not expedite U.S. Department of Labor or UB Immigration Services processing) (separate check)

___ Copy(ies) of Disbursement Request form(s), if USCIS filing fee check(s) are not included with H-1B request

___ 12. Actual Wage Form (completed and signed)

___ 13. Certification and Fee Agreement (completed and signed)

If Filing for DEPENDENT/S ALREADY IN THE U.S.

___ A. Completed Dependent Questionnaire

___ B. For dependent/s in the U.S. ONLY:

- A copy of both sides of the I-94 Arrival/Departure Record (small, white card) stapled to the passport
- A copy of the biographic page of the passport used to enter the United States (*If the passport has expired, please provide evidence of the passport's extension or the biographic page of a new passport*)
- A copy of the U.S. visa used to enter the United States (stamped page in passport)

AND ___ Copy of Form I-797 Approval Notice, if in the U.S. in H-4 status

___ C. USCIS Filing Fee:* Check drawn on a bank located in the U.S. (or money order) **payable to the "U.S. Department of Homeland Security"** in the amount of \$290 (separate check)

PLEASE NOTE: To qualify for H-1B status, the position must require at least a Bachelor's degree. Please verify with the appropriate Human Resource Services office that the position for which you are hiring requires at least a Bachelor's degree.

INITIAL H-1B QUESTIONNAIRE

(To be completed by the employing department or project director)

ABOUT THE EMPLOYEE:

Name: _____
Last/Family First Middle

Date of birth: ____/____/____ U.S. Social Security #: ____-____-____
MM DD YY

Country of birth: _____ Province of birth: _____

Country of citizenship: _____

Residence address in the U.S. _____

(Please note that the USCIS and Immigration Services must be notified within 10 days of a change of residence address)

Telephone numbers: _____ (home) _____ (work)

E-mail address: _____

Most recent residence address in home country:

Street Address

City State/Province Postal Code Country

IMMIGRATION HISTORY:

If the individual is in the U.S., provide current immigration status: _____

Expiration date of current status: ____/____/____
MM DD YY

Within the past 7 years, has the individual

- been granted H-1B status? ____ Yes ____ No

- been denied H-1B status? ____ Yes ____ No

If yes, please provide the full name of the employer, the dates of employment and the USCIS receipt number.

Has the individual ever been granted J-1 or J-2 status? _____ Yes _____ No
If yes, was the individual subject to the two-year home residency requirement?

Has the individual ever been granted another immigration status? _____ Yes _____ No
If yes, please provide details _____

Note:

**The information requested below is a required field on the H-1B petition.
It must be completed whether the employee is in the U.S. or not and whether or
not the individual intends to apply for an H-1B visa.**

Choice of U.S. Consulate or Embassy abroad:

City: _____ Country: _____ Border Post (*Canadians Only*): _____

Reminder:

The H-1B petition cannot be filed without all of the above information.

DEPENDENTS IN THE UNITED STATES:

If the individual is in the United States with spouse and/or child/ren, please indicate:
Name Date of Birth Country of Birth Immigration Status Relationship

ABOUT THE POSITION AT UB:

Time period for which individual seeking H-1B status (maximum of **3 years** per request,
e.g. 6/1/04-5/31/07):

From: ____/____/____
MM DD YY

To: ____/____/____
MM DD YY

Employing Department: _____ Payroll Title: _____

Supervising Faculty Member's Name and Title: _____

Department Phone #: _____ Faculty Member's E-mail Address: _____

Other Contact Person's Name: _____

Other Contact Person's E-mail Address: _____

All address(es) where work is to be performed: _____

Position is: _____ Full-time _____ Part-time (_____ hours per week)

If position is part-time, please provide the name, address, dates of employment, hours of employment per week, title and salary of concurrent employer/s.

Salary \$ _____ per _____

(Please specify the salary the individual will be paid. Use an hourly salary if the position is part-time.)

Appointment: _____ State University of New York at Buffalo
_____ Research Foundation of State University of New York
_____ UB Foundation Activities, Inc.
_____ UB Foundation Services, Inc.

Degree Required: _____
(Please specify level and field, e.g. Ph.D. in Biochemistry)

Experience Required: _____
of Years Nature of Experience

Other Special Requirements *(e.g. licenses, certifications, specialized skills/techniques)*:

Will the individual supervise other employees? _____ No _____ Yes

How many? _____ Titles: _____



University at Buffalo
The State University of New York
Office of International Education
Immigration Services

REQUEST FOR ACTUAL WAGE DATA FOR LABOR CONDITION APPLICATION

To: UB Immigration Services
Labor Condition Application File for _____
Employee's name

From: _____
Department/School/Center

Subject: _____
Position Title

Date: _____

In the Department/School/Center of _____ the minimum **starting** salary is _____ and the maximum **starting** is _____. There are _____ other employees in the Department/School/Center of _____ with the job title and duties of _____.

Within this range, an individual salary is determined by taking into consideration various factors, specifically (check all that apply):

- _____ Years of experience in this field
- _____ Level of formal education
- _____ Level of independence involved in research
- _____ Importance of research and monetary value of grant
- _____ Knowledge of specialized techniques
- _____ Number of employees supervised
- _____ Other (please enumerate)

Signature of Supervisor

Supervisor Name & Title



University at Buffalo
The State University of New York
Office of International Education
Immigration Services

H-1B INITIAL OR TRANSFERRING PETITION CERTIFICATION AND FEE AGREEMENT

(Please Complete and Submit to UB Immigration Services, 210 Talbert Hall)

► DEPARTMENTAL CERTIFICATION:

I HEREBY CERTIFY THAT I SUPPORT THE FILING OF AN H-1B PETITION ON BEHALF OF THE INTERNATIONAL EMPLOYEE BEING SPONSORED BY THE UNIVERSITY AT BUFFALO OR RESEARCH FOUNDATION AND THAT THE DEPARTMENT WILL PAY THE **SERVICE FEE OF \$1,300** FOR THE INTERNATIONAL EMPLOYEE.

International Employee
Being Sponsored for
H-1B Status: _____

Department: _____

Departmental Address: _____

Phone Number: _____

Chairperson: _____

Signature: _____
Date

► DEPENDENT SERVICE FEE:

The service fee of **\$200** for dependent(s) will be paid by:

Name: _____

Address: _____

Signature: _____
Date

QUESTIONNAIRE FOR H-4 DEPENDENT(S)

FIRST DEPENDENT:

Name _____
Last/Family First Middle

Date of birth: ____/____/____ U.S. Social Security # (if any) ____-____-____

Country of birth: _____ Province of birth: _____

Country of citizenship: _____ Daytime phone #: _____

Residence address in the U.S. _____

(Please note that the USCIS and Immigration Services must be notified within 10 days of a change of residence address)

Most recent residence address in home country:

Street Address

City State/Province Postal Code Country

PASSPORT INFORMATION:

Country of issuance: _____ Expiration date: _____

ARRIVAL INFORMATION:

Date of last arrival: _____ I-94 #: _____

Current status: _____ Expires on: _____

ADDITIONAL INFORMATION:

Answer the following questions. If you answer "Yes" to any question, please explain in the section following the questions.

1. Are you, or any other person included on the application, an applicant for an immigrant visa? Yes ____ No ____

2. Has an immigrant petition ever been filed for you or for any other person included in this application? Yes ____ No ____

3. Has a Form I-485, application to Register Permanent Residence or Adjust Status, ever been filed by you or by any other person included in this application? Yes ____ No ____

4. Have you, or any other person included in this application, ever been arrested or convicted of any criminal offense since last entering the U.S.? Yes ____ No ____

5. Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold? Yes ____ No ____

6. Are you, or any other person included in this application, now in removal proceedings? Yes ____ No ____

- If you answered "Yes" to Question 6, give the following information concerning the removal proceedings. **Include the name of the person in removal proceedings and information on jurisdiction, the date the proceedings began and the status of the proceedings.**

7. Have you, or any other person included in this application, been employed in the U.S. since last admitted or granted an extension or change of status? Yes ____ No ____

- If you answered "No" to Question 7, fully describe how you are supporting yourself. **Include the source, amount and basis for any income.**

- If you answered "Yes" to Question 7, fully describe the employment. **Include the name of the person employed, name and address of the employer, weekly income and whether the employment was specifically authorized by USCIS.**

Question No: ____

Question No: ____

If more space is needed, please use a separate sheet of paper.

ADDITIONAL DEPENDENT:

Name _____

Last/Family *First* *Middle*

Date of birth: ____/____/____ U.S. Social Security # (if any) ____-____-____

Country of birth: _____ Province of birth: _____

Country of citizenship: _____

PASSPORT INFORMATION:

Country of issuance: _____ Expiration date: _____

ARRIVAL INFORMATION:

Date of last arrival: _____ I-94 #: _____

Current status: _____ Expires on: _____

ADDITIONAL DEPENDENT:

Name _____

Last/Family *First* *Middle*

Date of birth: ____/____/____ U.S. Social Security # (if any) ____-____-____

Country of birth: _____ Province of birth: _____

Country of citizenship: _____

PASSPORT INFORMATION:

Country of issuance: _____ Expiration date: _____

ARRIVAL INFORMATION:

Date of last arrival: _____ I-94 #: _____

Current status: _____ Expires on: _____

(Please copy this page for additional dependents.)

CERTIFICATE OF TRANSLATION

The undersigned, _____, certifies that s/he is fluent in the _____ and English languages, that s/he made the attached translation from the attached document in the _____ language and, hereby, certifies that the same is a true and complete translation to the best of his/her knowledge, ability and belief.

STATE OF NEW YORK)

) ss

COUNTY OF ERIE)

Subscribed and sworn to before me this _____ day of _____, 201__.

Notary Public

My Commission Expires: