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Request for H-1B

Please complete **all** of the following. **Incomplete forms will delay the process.** Contact the International Services office with any questions. (type answers in boxes below, tab to next question). Please provide us with a copy of the appointment letter.

NAME OF EMPLOYEE (BENEFICIARY)		
Last First Middle		
BENEFICIARY'S EMAIL ADDRESS:		PHONE:
BENEFICIARY'S CURRENT VISA STATUS: H-1B <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> Other		
TIME SPENT IN CURRENT VISA STATUS:		
DEPENDENT VISA NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYING DEPARTMENT (PETITIONER):		
PERSON PREPARING FORM <i>(contact person for any requests for information/assistance):</i>		
PHONE:		FAX:
EMAIL ADDRESS:		
CAMPUS MAIL ADDRESS:		
CITY OF EMPLOYMENT:		
JOB TITLE (BENEFICIARY'S) :		
JOB DESCRIPTION:		
MINIMUM DEGREE REQUIRED:	MAJOR FIELD <i>(Please specify):</i>	NUMBER OF WORKERS EMPLOYEE WILL SUPERVISE:
MINIMUM EXPERIENCE: <i>(Number of years of experience required for this particular job after completion of the required degree, NOT the amount of experience prospective employee has.)</i>		
DATES OF EMPLOYMENT IN H-1B STATUS FOR THIS PETITION: FROM: TO: <i>(Dates must agree with dates of employment on H-1B petition):</i>		
PROPOSED SALARY: <i>(Please specify full-time annual salary, I.E. 9 months, 12 months, etc.)</i>		Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> 9 Months <input type="checkbox"/> Other
IF POSITION IS PART-TIME, PLEASE INDICATE HOURS PER WEEK: BASED ON FULL-TIME ANNUAL SALARY OF:		
IS THIS POSITION BENEFITS ELIGIBLE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME AND TITLE OF BENEFICIARY'S IMMEDIATE SUPPERVERSOR:		

Certification of Responsibility for Employment of a Nonimmigrant Foreign National

I hereby certify that the salary listed above for the beneficiary reflects the wage level paid to all other individuals with similar experience and qualifications working in this Department. If there is more than one wage paid, 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 includes the names and payroll records of similarly employed individuals to the Department of Labor to verify these statements.

Let it be understood that the **(Department)** at Missouri State University, will assume responsibility for complying with Immigration and Tax Laws with respect to hiring **(Name)**, a non-immigrant foreign national. He/She will be employed upon approval from USCIS under the H-1B Temporary Worker Visa Status.

By filing the petition to USCIS for **(Name)'s** H-1B status, the department will agree to the terms of the labor condition application for the duration of his/her authorized period of stay in H-1B status. The department will be liable for the reasonable costs of the return transportation for **(Name)** abroad if he/she is dismissed from employment before the end of the period of authorized stay.

The **(Department)** will also be responsible for the costs incurred for the H1B1 petition that which includes the **\$325.00** fee to file the petition, **\$500.00** Fraud and Prevention Detection Fee, legal fees **\$1,200.00** and **\$1225.00** for the Premium Processing Fee*. It is understood that since the petition is filed by the employer and not by the applicant, the filing fee is to be incurred by the employer.

*Premium Processing is guaranteed by USCIS to have a decision on the petition within 15 days. This type of processing is optional.

Signature
(Department Head)
Department Head, **(Department)**

Date