



University of Connecticut
Office of the General Counsel

H-1B BENEFICIARY INTAKE FORM

INSTRUCTIONS:

- (1) Please submit ALL required forms, supporting documents, and appropriate fees (if applicable) along with this request form to your hiring department.
- (2) Please use the most updated forms available at www.generalcounsel.uconn.edu. Old versions are not acceptable.
- (3) Processing time at UConn’s Office of the General Counsel is up to two months.
- (4) Processing time at the U.S. Citizenship & Immigration Services (USCIS) generally takes four months.
- (5) If this request is for a new employment petition for one who is currently in H-1B status with another employer, the beneficiary must not start working for UConn until UConn receives the official petition receipt notice from USCIS **AND** the employment start date at UConn stated the petition becomes current. The beneficiary must not have resigned his/her current employment position before UConn files this petition with USCIS.
- (6) If this request is for an amendment petition, the amended employment must not start until UConn receives the official petition receipt notice from USCIS **AND** the amended employment start date stated in the petition becomes current.
- (7) Please type. Do not leave any section blank and write “N/A” where appropriate. **ALL SIGNATURES MUST BE SIGNED IN BLUE INK.**
- (8) Please see the beneficiary’s checklist (OGC 425) for additional documents required for this petition.

TYPE OF PETITION

- New employment (First time working in H-1B status)
- Current H-1B changing to UConn employment (Holds H-1B with another employer, but UConn will become primary employer and H-1B sponsor)
- H-1B extension (Will continue employment at UConn)
- New concurrent employment (Will continue H-1B with another employer while working simultaneously at UConn)
- Amendment (Any change made to the previously approved H-1B with UConn)
- Other (specify): _____

INFORMATION ABOUT THE BENEFICIARY

A. Personal Information

- 1. Full Name (as it appears on your immigration documents and passport):
Family Name: _____ Given Name: _____ Middle Name: _____
- 2. Date of Birth (mm/dd/yyyy): _____
- 3. Gender: Male Female
- 4. Marital Status: Married Single
- 5. Social Security Number (if available): _____ - _____ - _____
- 6. Country of Birth: _____
- 7. Country of Citizenship: _____
- 8. Country of Legal Permanent Residence: _____
- 9. Province of Birth: _____
- 10. All other Names Used (include maiden name, any secondary last name, and names from all previous marriages):

- 11. Current Occupation: _____

An Equal Opportunity Employer

Budds Building
343 Mansfield Road Unit 1177
Storrs, Connecticut 06269-1177

Telephone: (860) 486-5796
Facsimile: (860) 486-4369
email: generalcounsel@uconn.edu

12. Address in Home Country/Country of Permanent Residence:

Address 1

City

Province/State

Postal Code

Country

13. U.S. Home Address (if currently in the U.S.):

Address 1

City

State

Zip Code

If you live in any state other than CT, do you commute to UConn from there?

Yes

No

If not, explain:

14. Current Home Phone #: (____) _____

15. Work Phone # in the U.S.: (____) _____

16. Email: _____

17. Passport: Country of Issuance _____ Passport #: _____

Date Passport Issued (mm/dd/yyyy): _____

Expiration Date of Passport (mm/dd/yyyy): _____

18. Student & Exchange Visitor Information System (SEVIS) Number, if any: _____

19. Employment Authorization Document (EAD) Number, if any: _____

20. USCIS "A" number ("A" followed by nine(9) digits), if any: _____

21. Highest Level of Education (Please check only one box):

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

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

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

Doctorate degree (for example: PhD, EdD)

22. Major/Primary Field of Study _____

23. Please provide a summary of your CURRENT job description (for the job title/occupation provided in the above #11):

B. Immigration Status (complete only if currently inside the U.S.)

- 1. Initial Arrival Date (mm/dd/yyyy): _____
- 2. Non-immigrant Status at the Time of Initial Arrival: F-1 F-2 J-1 H-1B H-4 Other (specify) _____
- 3. Most Recent Arrival Date (mm/dd/yyyy): _____ I-94 #: _____
- 4. Current Non-immigrant Status: F-1 F-2 J-1 H-1B H-4 TN Other (specify) _____
- 5. Expiration Date of Current Status (e.g. ending date on I-20, EAD, DS-2019, I-797 or I-94) (mm/dd/yyyy): _____
- 6. Do you have any plans to travel outside of the US between now and the start date of this petition? Yes No
If yes, please list intended departure and return dates (mm/dd/yyyy): _____ to _____
- 7. Do you need to apply for a visa/travel document while abroad in order to reentry the U.S.? Yes No

****Please consult with UConn’s Office of the General Counsel BEFORE finalizing travel plans.**

C. Processing Information

- 1. Are you in removal or deportation proceedings? Yes No If yes, provide explanation on separate sheet.
- 2. Has a PERM (the Program Electronic Review Management system) Labor Certification been filed on your behalf? Yes No
- 3. Have you or has someone else ever filed an I-140 Immigrant Visa Petition for you with USCIS? Yes No
If yes, explain: _____
- 4. Have you filed an I-485 Application for Permanent Residency with USCIS? Yes No
If yes, explain: _____

- 5. Are you currently outside the U.S., or would you like to apply for a visa while taking your trip outside the U.S. indicated in the section B-6 above? Yes No

If yes, specify the city and country of U.S. Embassy/Consulate or inspection facility you want notified when the petition is approved.

- U.S. Embassy/Consulate (Choose this if you need to apply for an H-1B visa/travel document):
City _____ Country _____
- U.S. Port of Entry (Choose this only if you are a citizen of Canada):
City/Airport _____ State/Province _____

Please supply the address abroad where your H-1B approval notice should be sent:

Address 1 _____
City _____ Province/State _____ Postal Code _____ Country _____

D. H-1B Petition Information

- 1. Have you ever been in J-1 and/or J-2 status? Yes No
If yes, provide the dates of your J-1 and/or J-2 status: _____
Please provide copies of all DS-2019s or IAP-66s, and copies of the J-1 or J-2 visa stamp(s) from your passport.
- 2. If you have previously been in any J status (J-1 and J-2), are you subject to the 2-year home residence requirement (212(e))? Yes No
If yes, have you fulfilled this requirement by obtaining a waiver or by going home for 2 years? Yes No
Please provide copies of your J-1 212(e) waiver or proof that you have completed the 212(e) requirement.
If you are still subject to 212(e), you are not eligible for H-1B status.
- 3. Have you been granted H-1B status during the last 7 years? Yes No
- 4. Have you been denied H-1B status during the last 7 years? Yes No
If yes, please explain on a separate sheet.

5. Have you ever been granted any other H status? Yes No
 If yes, please explain below:

6. Please list your prior periods of stay in H classification in the U.S. for the last six years. Include USCIS case numbers if available. Provide copies of approval notices and I-94's.

Period	Case #	Period	Case #

E. Family Information

- I do not have dependents in the U.S. I do have ___ dependents who require H-4 status.
 My dependents do not require H-4 status.

1. Please list any dependent family members' prior periods of stay in H status in the U.S. for the last six years. Include name, relationship to you, and USCIS case numbers if available. Provide copies of approval notices and I-94s.

Name (LAST, first)	Relationship	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Case #

If dependents (spouse and/or children) are currently in the U.S., he/she must complete Form I-539 (www.uscis.gov) to petition for H-4 status or an extension of H-4 status. See the beneficiary checklist for additional information.

2. Do dependents (spouse and/or children) have any plans to travel abroad between now and the start date of this petition?
 Yes No

If yes, please list intended departure and return dates (mm/dd/yyyy): _____ to _____

I certify that the information above and documents submitted are true and correct. Photocopies of documents are exact copies of unaltered original documents. I understand that any misrepresentation of information or document fraud will result in termination of my employment at UConn.

 Signature of Beneficiary Print Name of Beneficiary Date