H-1B INFORMATION SHEET

TO: MICHELLE SUMMERS, HUMAN RESOURCES, P.O.BOX 1500, STATE UNIVERSITY, AR 72467

FROM:	CHAIR EXT #:
DEPARTMENT NAME:	DEPARTMENT EXT #:

By signing this document, I certify that it is in the best interest of the Department I represent and Arkansas State University to proceed with an H-1B Petition for the following non-immigrant:

(Check one)   Extension   Transfer   New

SECTION 1: GENERAL INFORMATION

Employee's Name:		Country of Citizenship:	
Date of Birth:	Gender: Male Female		Marital Status:
Email Address:		Phone Number (s):	
Current US Address:			
Current Foreign Address:			
Social Security Number (if any):		I-94 Number:	
Date of Last Arrival to US:		Place of Last Entry to US:	
Do you have a valid passport with at least 6 months of validity?: Yes No			
Current Immigration Status: J1 H1 Other			
If Current Immigration is H-1B status please give all dates of H-1B previously granted:		End Date of Current Immigration Status:	

Please list **ALL** previous visa statuses while in the US excluding visitor status:

Purpose of Trip	Start and End Date of Status (MM/DD/YY)	Status
Example: Student at ASU	01/10/05-12/30/08	F-1

List of all degrees completed:

Major/ Type of Degree	Name of College/ University	Country of College/ University
Example: Computer Science/ BS	Arkansas State University	USA

Number of Dependents that will require a change to H-4 dependent status (Spouse, children under 21):   _____

Dependent #1	Dependent #2
Last , First Name:	Last , First Name:
Country of Citizenship:	Country of Citizenship:
In US Currently?	In US Currently?
Current Immigration Status:	Current Immigration Status:

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Dependent #3	Dependent #4
Last , First Name:	Last , First Name:
Country of Citizenship:	Country of Citizenship:
In US Currently?	In US Currently?
Current Immigration Status:	Current Immigration Status:

Have you ever been in H-1B Status?   Yes   No
If Yes, please list all periods of H-1B status (Ex: MM/DD/YY through MM/DD/YY):
Have you ever been denied an H-1B visa of H-1B Status?   Yes   No
If Yes, please explain:
Have you ever been in J-1/ J-2 status: Yes   No
If you have been in J-1/ J-2 status, are you subject to the 2 year residency requirement? :   Yes   No If so, have you satisfied the requirement?   Yes   No   If yes, when?:

SECTION 2: DEPARTMENT INFORMATION -- TOBE COMPLETED BY SPONSORING DEPARTMENT

Name of Sponsoring Department:		
Campus Mailing Address:		
Campus Physical Address:		
Name of Employee's Supervisor/ Sponsor:		Supervisor Title:
Email Address:	Phone Number:	Fax Number:

SECTION 3: INFORMATION ABOUT THE POSITION

Payroll Title:	Salary (Specific):
Site of Employment (Building name, city, state):	
Is this position a tenure track position? Yes No	Minimum Degree Required:
Is this position considered full-time (40 hours per week) or part-time by Human Resources? Yes No (Please note that ASU does not support H-1B petitions for part-time employees)	
Non-Technical Job Description:	
If the prevailing or actual wage does not meet the Department of Labor requirements, is the department able to raise the salary of the employee (the ability to raise the salary would need to be based on ASU policy, discussed by the department, respective Dean and Human Resources) : Yes No	
Years of Relevant Experience Needed in addition to degree requirements: _____	
Does the employee receive income from another employer? Yes No If Yes, Please list Employer Name, Job Title, Hours per week worked and Yearly Salary:	

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Has an I-140 Immigrant Visa Petition or Labor Certification even been filed for this employee?   Yes   No

    If Yes, please specify: Date Petition was filed? _____

                    Who Filed the Petition? _____

            Current Status of the Petition? _____

CERTIFICATION

I hereby certify the information in this form is correct and complete. I recognize that inaccurate information can result in serious penalties with the University. I understand a Labor Condition Application will be filed with the Department of Labor which states the job title, salary and the dates of employment. I will comply with the conditions reported to the Department of Labor. I also understand that if the employee is dismissed before the H-1B status expired, I am required to pay reasonable transportation costs for the employee to his/her home country as mandated in the Immigration Act of 1990.

Department Chair Name: _____

Department Chair Signature: _____   Date: _____

By signing below, I am aware that the above named Department Chair is seeking H-1B status for an employee within the department. I am also aware that if the salary of the employee's position does not meet the Department of Labor requirements (for the dates being requested), additional funding may be required.

Dean Name: _____

Dean Signature: _____   Date: _____

Provost/Vice Chancellor Signature: _____   Date: _____

Return to Michelle Summers, Immigration Specialist, in Human Resources.