

REQUEST FOR H-1B PETITION

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THIS FORM MUST BE COMPLETED BY THE UT DEPARTMENT OR ORGANIZATIONAL UNIT ONLY.

The form must be signed by the Department Head and College Dean (or Division Director) before submitting, along with other required documents, to the Center for International Education (CIE).

For a complete list of required materials and how they should be submitted, please see "H-1B Instructions" on the CIE website at <http://international.utk.edu/immigration-information/h1b-scholar/for-depts/>

For questions on the H-1B application process, or regulations, contact **Elizabeth Smith** or **Scott Cantrell** at 865-974-3177.

IMPORTANT: Before completing/signing this form:

- ✓ Read "H-1B Basic Information" on CIE website
- ✓ Notify CIE that you will be requesting an H-1B petition so that updated information can be sent to you)
- ✓ Confirm that an official job offer has been sent to the employee*
(*If time is very limited, contact CIE for information on possible shortcuts)
- ✓ Print One Sided

1. Name of Employee _____ 2. Personnel Number (if any) _____

3. Organizational Unit [Department] with which employee will be employed _____

4. Complete Department Address: _____ 5. Telephone: _____

6. UT Job Title as entered in IRIS: _____ 7. Position Title : _____

8. Position Number: _____ 9. Position is (check one) Regular Temporary Other

10. If employee is currently employed by UT, does this request represent a change in position/title or responsibilities? Yes No

(NOTE: All questions on this form refer to the new position)

11. Was this position EVER advertised? Yes No If no, why not? _____

12. Description of duties.

- In 1-2 sentences, please describe the job duties in a manner easily understood by someone outside your academic field

13. Will this person teach any classes for UT students during the entire period of this petition? Yes No

If yes, explain: _____

14. How many **non-student** employees will employee supervise during the entire period of this petition? (If none, write none)

15. If the job involves supervision of non-students, give titles of persons to be supervised:

16. Is the job full-time?: Yes No 16. If no, how many hours per week? _____

17. (Part-time teaching positions only) (How many courses per semester?) _____ Percentage time? (e.g. 25%) _____

18. Work Schedule: 8:00 am – 5:00 pm Other: _____

Name of Employee: _____

Salary Information:

19. Salary: _____ **per month** [or _____ per hour (part-time positions only)]

20. (Part-time teaching only): Salary per course: _____

21. Overtime pay? Yes No

22. Other compensation? Yes No

23. Special working conditions affecting pay? Yes No

If yes to any of these, explain: _____

Work Location Information:

Primary Work Location:

24. Address: _____

Additional Work Locations:

If employee will be working at a second location, please attach an itinerary for the entire duration of the petition:
See Checklist for details

25. Other work site on UT Campus (if any): _____

26. Is there any chance all or some work will be conducted in Oak Ridge location, during the period of this petition? Yes No
**(This refers to work location, not to employment by ORNL) Do not include very occasional visits (as a Visitor).
If ORNL location is not included here, employee may not conduct research in ORNL facility for period of this petition.)**

If Yes, ORNL **Building #:** _____

27. Other than UT campus & ORNL, will this person work in any other location (as a UT employee) for more than 30 days (total) in any one-year period? Yes No If yes, give **exact address**, including institution, street number, and zip code:

28. Will this employee be **required** to travel in order to perform job duties? Yes No

If yes, answer:

Professional conferences

Any other required travel? Yes No If yes, explain: _____

Approximately how many trips per year? _____

29. **Minimum** requirements for **position**, (please be specific):

IMPORTANT: This refers to the *minimum* requirements for a person to *begin* this position. It is NOT a description of the qualifications of the employee him/herself. Note that it refers to the *original* requirements stated for the position before this person began working. If job was not advertised, give requirements that would have been stated in an ad and provide copy of PDQ. Please be accurate and specific in these **MINIMUM requirements. Do NOT over-estimate requirements. **PLEASE ANSWER ALL QUESTIONS!****

Degree required: _____ Major(s) required: (Must be answered) _____

Second degree required? Yes No If yes, explain: _____

Years of experience **required** beyond highest degree listed above. **If no experience required, write "NONE"** _____

If ad indicates "experience" is required, can this requirement be met by experience gained as graduate student? Yes No

Any other *formal training program* required? Yes No If Yes, explain: _____

Any other requirements?

Name of Employee: _____

30. Dates of intended employment **in this position**:

From _____ to _____

If employee is currently employed *in this position*, beginning date can be "present". If not yet employed, state planned employment start date or "as soon as possible"; if employment is **tenure track or considered permanent**, ending date may be given as "indefinite"; otherwise indicate intended ending date, as currently planned (based on funding and other factors). For Lecturers or similar non-tenure-track teaching positions, give dates of most recent contract.

31. Requested dates for H-1B petition in this position at the stated salary:

Note: **This question must be answered completely.** The dates may or may not be the same as Question 29. Dates of H-1B petition may not be longer than dates of intended employment, and may not be longer than three years, but hiring department can choose a shorter period for H-1B petition, if desired. (If H-1B employee is nearing end of six years in H-1B status, department should request the dates actually desired for petition. CIE will calculate permitted dates.)

Beginning date From _____ (Specific Date) **OR** As soon as possible (check if desired)

(If employee currently has H-1B status at UT, beginning date should usually be date current H-1B status expires. If changing positions, starting date should be intended beginning date for new position or "as soon as possible". If changing immigration status, starting date can be "ASAP" or any date before expiration of current status. Note: All employment provisions (including salary) must be in effect for entire period of H-1B petition.)

Ending date _____ **(This line MUST contain a specific date, or list period of time below)**

OR _____ **months from starting date**

(If a period of time is listed here, CIE will calculate ending date from the requested H-1B starting date given to the U.S. Government. Funding must be guaranteed and employment should continue for that length of time)

32. Employee's supervisor _____ Telephone _____ E-Mail _____
(H-1B employee must work under the supervision of a UT employee)

33. Supervisor's UT Title: _____

34. Department contact for paperwork: _____ Telephone: _____ E-mail _____

35. Does department want to pay additional \$1410 for Premium Processing? Yes No If CIE feels it is necessary
(In many cases, this may not be necessary. Consult CIE for current advice.)

36. Department will pay FedEx charges for all **U.S. mailings to USCIS** related to this application (up to 3 mailings) Yes No
(Recommended for all H-1B petitions)

If employee is currently outside the U.S., department will pay for **overseas Fed Ex** to mail petition approval Yes No

FedEx account number _____

[If department does not pay for FedEx, all packages will be mailed by U.S. Postal Service airmail]

37. (New employees only): Department will pay for insurance until UT employee insurance is valid, if employee wishes Yes No

Name of Employee: _____

DEPARTMENT HEAD AND SUPERVISOR CERTIFICATIONS

IMPORTANT!!!!!! Please read each statement and “Basic Information Concerning H-1B Status” before signing. **Department will be legally responsible for all statements.**

- The information provided on Pages 1 & 2 of this form is, to the best of my knowledge, accurate.
- **I certify that an official offer of employment has been made to this person, and that this person will receive a salary, as a UT employee (not an independent contractor).**
- I understand this person must be paid the salary in Item 19 for the entire period listed in Item 30. [If “as soon as possible” has been checked, this person is currently receiving this salary or will receive it as soon as he/she may legally be employed.]
- **I certify that UT funding will be available for the entire period of the petition.**
- I understand that the stated salary must be paid to this employee **even if he/she is not working** (except in special circumstances, as approved by the Center for International Education).
- If the employee is terminated by UT prior to the ending date in Question 30 above, this department will pay all travel expenses necessary for the employee to return to his/her home country.
- I promise to make sure CIE “Departure Notification Form” is signed by Department Head and sent to CIE when employee ceases employment for any reason.
- I understand that this department is responsible for paying the stated salary until the ending date stated in Item 30, unless CIE has received the Departure Notification, **even if employee is no longer employed.**
- **I understand that we may not make substantial changes in the terms of employment** for this employee until a new H-1B petition has been filed with USCIS, including change in job title or duties, promotions, decreases in salary or benefits, or change in location of work.
- I certify that this department will pay for all fees related to the H-1B petition, as required by USCIS, and as stated in the H-1B instructions; I also understand that the employee may not reimburse the department for these fees.
- I understand that a representative of the Department of Homeland Security may request documentation of this information at any time, and/or may visit the worksite(s) listed above for this employee to verify the accuracy of information provided in this form

Signature of Supervisor	Name (printed)	Date
Signature of Department Head	Name (printed)	Date
E-Mail	Department Name	

APPROVAL BY DEAN OR DIRECTOR

- **I support this request for an H-1B petition**
- **I certify that this employee has been officially offered the position listed in Items 6-9**
- **I certify that the salary stated in Item 19 has been approved, and will be paid for the entire length of this petition (beginning on the date the person reports for work and continuing until ending date in Question #30, unless CIE is notified of departure) EVEN IF PERSON IS NOT WORKING**
- **I certify that funding will be available for the entire period listed in Item #30**
- **I understand that a representative of the Department of Homeland Security may request documentation of this information at any time, and/or may visit the worksite(s) listed above for this employee to verify the accuracy of information provided in this form**

Signature of Dean/Associate Dean	Name (printed)	Date
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