

SOUTHEASTERN LOUISIANA UNIVERSITY Department Application for H-1B Work Visa Sponsorship

Instructions

This form must be completed and submitted by the sponsoring Southeastern department representative before immigration paperwork in support of an H-1B temporary work visa can be processed by the International Services Office (ISO) on behalf of a current or prospective employee. Once you submit this department form, we will contact your employee or visitor to request additional background information and documents. Note: This form is to be submitted in support of an H-1B work visa sponsorship. H-1B work visas allow regular employment paid by Southeastern. The job description must require a minimum of a Bachelor's degree in a specialty field, and the sponsored employee must hold this required degree. Information on other available types of visa sponsorships can be found at www.selu.edu/international.

Fees and Documents

A. All necessary H-1B fees must be paid with check or money order by the employee or hiring department as follows:

- **1. I-539 Filing Fee** paid by employee (see most current I-539 instructions at <u>www.uscis.gov</u> for current amount)
- 2. \$500 Fraud Fee paid by hiring department
- 3. \$1225 Optional premium processing fee paid by department or employee

All checks must be made payable to U.S. Department of Homeland Security.

- **B**. You will need to attach this form to the following supplemental documents and send to the ISO. We will not accept partial packets so please be sure to file a complete package.
 - **1. Appointment Letter:** Copy of appointment or continuing employment letter including position title, salary or funding source and amount, any benefits information, a brief description of primary responsibilities, and position start and end dates.
 - 2. Job Description: For staff positions ONLY, a copy of the position or job description from Human Resources.
 - **3. Actual Wage Form:** This should be printed out from <u>www.selu.edu/international</u> under Forms and Information. Please sign in blue ink.
 - **4. Export Control Attestation Form:** This form is required in order to confirm that no export license is needed for this employee. Can be found at <u>www.selu.edu/international</u> under Forms and Information.
 - 5. Advertisement Copy: A copy of the actual job posting or advertisement is required to confirm job duties and requirements.

| International Employee Data | | |
|--|----------------------|--|
| Type of Position you are sponsoring (faculty | /research or staff): | |
| Employee Last Name: | First Name: | Middle: |
| Date of Birth (mm/dd/yyyy): | | |
| Please enter the employee's current mailing add Street Address: | - | include the street address if you have it. |
| City: | State/Province: | Postal Code: |
| Country: | Phone: | |
| Email Address: | | (Continued on page 2) |

International Services Office • Southeastern Louisiana University • SLU Box 10752 • Ph: 985-549-2360 • Fax: 985-549-5882 • international@selu.edu

| Highest degree held by this person: | |
|--|--|
| Degree Field: | |
| Is this person already working in the United States: | Yes No |
| If yes, what is the name and phone number of | the employer? |
| If yes, are they currently in and planning to co work at Southeastern? | omplete, or has just completed, a degree program in the U.S. prior to starting |
| Yes – Completing degree program at South No | heastern Yes – completing degree program at another U.S. school Other |
| Hire Date (this is the date on the job offer letter not the | e date the person will begin work): |
| | g to sponsor him or her for U.S. permanent residency (PR), please contact us as soon must be filed within 18 months of the date of hire (job offer letter date). |
| Requested H-1B visa status start and end dates - important | t notes: |
| 1. If the person is currently employed at Southeastern plea four months into the future, as the H-1B requested status | se use either the day after the current immigration status end date, or a date at least s start date. |
| 2. Even for regular or permanent appointments that do not H-1B petitions, a maximum of three years is allowed if | have an actual end date, please enter an end date of at least one academic year. For this position is annually renewable. |
| 3. Once our paperwork is in process, it is difficult to chang to these dates. | ge these dates. Please contact the ISO immediately if there will need to be a change |
| H-1B Status Start Date: | H-1B Status End Date: |
| date? | ing an annually renewable or indefinite appointment, with no anticipated end |
| Hiring Department Data | |
| Hiring Department Name: | |
| Name of Department Contact: | Department Contact Email: |
| Department Contact Phone: | Department Contact Fax: |
| Name of Person Supervising This Position: | |
| Job Title of Person Supervising This Position: | |
| Name of Dean, Department Head, or Director of Depar | rtment: |
| Campus Address of Department: | |
| Job/Position Information | |
| Job/Position Title: | |
| Physical Street Address of Work Location (this must be | e the exact address where the employee will work): |
| Department Name | (Continued on page 3) |
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| Site of Work Street Address: | | | | |
|--|---|-----------------------------------|------------------------|---------------------------------------|
| City: | _ County: | | State: | Postal Code: |
| Is there only one work site? | ☐ No rk site addresses I | below: | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| Please give a brief description, including working conditions, if any. | primary responsit | oilities of the | position. Specify any | y equipment to be used, and pertinent |
| | | | | |
| Are there any working conditions that we | | | | |
| | | | | |
| Does this job require any travel? | | | | |
| If yes, explain and detail how oft | | | | |
| Minimum educational requirement for th | - | | | |
| Required degree field, or area of specializ | - | | _ | |
| Is a second diploma or degree required fo | - | | | |
| If yes, please list here: | | | _ | |
| Is there any special training or licensing f | | | | |
| If yes, please enter the number of | ' months of trainin | ng required a | and field/name of tra | ining required: |
| The following questions pertain to any previ training as required work experience, as pos sponsorship. Please only include previous w include the actual previous work experience | t-doctoral training ork experience tha | is not conside t is actually r | ered actual work exper | tience for the purposes of this visa |
| Does this position require previous emplo | yment experience | :? 🗌 Ye | s 🗌 No | |
| If yes, please enter the number of | i months and the o | occupation o | f previous work expe | rience required: |
| Number of employees supervised by this j | position: | Is | the position full time | ? 🗌 Yes 🗌 No |
| Is the position tenure-track, tenured, or o | therwise permane | ent in nature | ? 🗌 Yes 🗌 No | |
| Number of hours to be worked per week: | | Hourly wor | k schedule (general): | Start (AM) End (PM) |
| | (continu | ed on page 4 | .) | |

Funding Information

The following questions relate to the funding source and amount for this position. For H-1B sponsorships, the international being sponsored must be hired or otherwise paid directly by Southeastern. For staff and scholar positions, this salary evidence is normally in the form of a hiring or appointment letter stating salary amount. If you have an appointment or hiring letter that indicates salary level, you may choose to attach this letter instead of filling out the following information.

Please answer only one of the following two salary questions, depending on whether your position is full-time or part-time.

| H-1B Full-time Total Annual Salary: \$ |
|---|
| OR |
| H-1B Part-time Total Annual Salary: \$ |
| Is this position hourly paid? 🗌 Yes 🗌 No |
| Will this position be eligible for Southeastern employee benefits? |
| Please check all benefits for which the individual will be eligible: Health Insurance Retirement Other (see below) |
| List any other bonuses, remuneration, or benefits: |
| Attestation |

Please read the following attestation:

"To the best of my knowledge, I attest to the accuracy and truthfulness of all the information being submitted on this form. I have the authority from my department to request this H-1B visa sponsorship for an international employee. The job position for which sponsorship is being requested requires a minimum of a Bachelor's degree in a specialty field. I also understand that there is no guarantee of approval for an H-1B sponsorship, and that the fees charged to the employee and/or department are fees for services pertaining to filing the case, not for an approved case. If there are any material changes regarding this employee's employment status with Southeastern, I understand that: 1) any such changes may have an impact o our ability to continue with a sponsorship for H-1B status; and 2) failure to notify the ISO of any changes in employment may result in regulatory violations on the part of Southeastern and/or the international employee."

Name (please print): _____

Department: _____

Signature: _____

| Date: | |
|-------|--|
| | |