

# H-1B EXTENSION REQUEST PACKET

## Checklist and Cover Sheet

DATE RECEIVED BY UBIS:

Please include all of the items noted below, including this "Checklist and Cover Sheet," (pages 1 and 2) as part of your H-1B Request Packet. **Failure to provide** UB Immigration Services, 210 Talbert Hall, North Campus with all of the following items **at least 6 months before the proposed H-1B start date** could jeopardize the success of your petition or delay its processing.

- \_\_\_ 1. Completed H-1B Questionnaire
- \_\_\_ 2. Copy of DEC Attestation that has been submitted by department to OVPR. (OVPR will forward final DEC Attestation to UBIS.)
- \_\_\_ 3. Support Letter on **University departmental letterhead** requesting that an H-1B petition be approved by USCIS (see sample on website). Please note that the letter must specify:
  - Duties and responsibilities of the position
  - Salary offered
  - Dates of employment desired
  - Required qualifications of the position
  - How the individual meets those requirements
  - Promise to pay return transportation if employee is dismissed from employment before status ends
- \_\_\_ 4. Copy of the individual's degree/s, diploma/s, certificate/s or a letter from the school indicating that s/he has the required education. If the document is not in English, it must be accompanied by an English translation (see sample certificate of translation on website).
- \_\_\_ 5. If work experience is required for the position, documentation (e.g., letters from former employers) that the individual has the required experience
- \_\_\_ 6. Copy of the individual's CV or resume
- \_\_\_ 7. Copy of the all I-797 Approval Notices relating to the individual's current H-1B status
- \_\_\_ 8. Copies of documents relating to the individual's last entry into the United States:
  - A copy of both sides of the I-94 Arrival/Departure Record (small, white card) stapled to the passport
  - A copy of the biographic page of the passport used to enter the United States (*If the passport has expired, please provide evidence of the passport's extension or the biographic page of a new passport*)
  - A copy of the U.S. visa used to enter the United States (stamped page in passport)

- Copies of all approval notices and status documents such as, but not limited to, I-797's, I-20's and DS-2019's

\_\_\_ 9. Copies of the individual's two most recent paystubs

\_\_\_ 10. A copy of the individual's Social Security Card

\_\_\_ 11. U.S. Citizenship & Immigration Services ("USCIS") Filing Fees:\* Check drawn on a bank located in the U.S. (or money order) **payable to the "U.S. Department of Homeland Security"** in the amount of:

\_\_\_ \$325 USCIS Form I-129 filing fee

\_\_\_ **Additional \$1,225** if "Premium Processing" by USCIS is desired. (With Premium Processing, the USCIS will process the H-1B petition within 15 calendar days of its receipt. Premium Processing does not expedite U.S. Department of Labor or UB Immigration Services processing) (separate check)

\_\_\_ Copy(ies) of Disbursement Request form(s), if USCIS filing fee check(s) are not included with H-1B request

\_\_\_ 12. Actual Wage Form (completed and signed)

\_\_\_ 13. Certification and Fee Agreement (completed and signed)

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**If Filing for DEPENDENT/S ALREADY IN THE U.S.**

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\_\_\_ A. Completed Dependent Questionnaire

\_\_\_ B. For dependent/s in the U.S. ONLY:

- A copy of both sides of the I-94 Arrival/Departure Record (small, white card) stapled to the passport
- A copy of the biographic page of the passport used to enter the United States (*If the passport has expired, please provide evidence of the passport's extension or the biographic page of a new passport*)
- A copy of the U.S. visa used to enter the United States (stamped page in passport)
- Copy of all Form I-797 Approval Notices, if in the U.S. in H-4 status

\_\_\_ C. USCIS Filing Fee:\* Check drawn on a bank located in the U.S. (or money order) **payable to the "U.S. Department of Homeland Security"** in the amount of \$290 (separate check)

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**PLEASE NOTE:** To qualify for H-1B status, the position must require at least a Bachelor's degree. Please verify with the appropriate Human Resource Services office that the position for which you are hiring requires at least a Bachelor's degree.

# H-1B EXTENSION QUESTIONNAIRE

(To be completed by the employing department or project director)

## ABOUT THE EMPLOYEE:

Name: \_\_\_\_\_  
*Last/Family* *First* *Middle*

Date of birth:      /      /      U.S. Social Security #:      -      -       
*MM* *DD* *YY*

Country of birth: \_\_\_\_\_ Province of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

Residence address in the U.S. \_\_\_\_\_

(Please note that the USCIS and Immigration Services must be notified within 10 days of a change of residence address)

Telephone numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

E-mail address: \_\_\_\_\_

Most recent residence address in home country:

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*City State/Province Postal Code Country*

## IMMIGRATION HISTORY:

Expiration date of current status:      /      /       
*MM* *DD* *YY*

Prior periods in H-1B status:

\_\_\_\_\_  
*Employer* *Receipt Number* *From* *To* *Salary per year*

\_\_\_\_\_  
*Employer* *Receipt Number* *From* *To* *Salary per year*

Within the past 7 years, has the individual been denied:

- H-1B status?      Yes      No
- An H-1B visa?      Yes      No

Has the individual ever been granted J-1 or J-2 status? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, was the individual subject to the two-year home residency requirement?  
\_\_\_\_\_

Has the individual ever been granted another immigration status? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please provide details \_\_\_\_\_

**Note:**

**The information requested below is a required field on the H-1B petition.  
It must be completed whether the employee is in the U.S. or not and whether or  
not the individual intends to apply for an H-1B visa.**

**Choice of U.S. Consulate or Embassy abroad:**

City: \_\_\_\_\_ Country: \_\_\_\_\_ Border Post (*Canadians Only*):

**Reminder:**

**The H-1B petition cannot be filed without all of the above information.**

**DEPENDENTS IN THE UNITED STATES:**

If the individual is in the United States with spouse and/or child/ren, please indicate:

Name      Date of Birth      Country of Birth      Immigration Status      Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ABOUT THE POSITION AT UB:**

Time period for which individual seeking H-1B status (maximum of **3 years** per request,  
e.g. 6/1/04-5/31/07):

From: \_\_\_\_/\_\_\_\_/\_\_\_\_  
          MM    DD    YY

To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
      MM    DD    YY

Employing Department: \_\_\_\_\_ Payroll Title: \_\_\_\_\_

Supervising Faculty Member's Name and Title: \_\_\_\_\_

Department Phone #: \_\_\_\_\_ Faculty Member's E-mail Address: \_\_\_\_\_

Other Contact Person's Name and Title: \_\_\_\_\_

Other Contact Person's E-mail Address: \_\_\_\_\_

Address where work is to be performed: \_\_\_\_\_  
\_\_\_\_\_

Position is: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time ( \_\_\_\_\_ hours per week)

If position is part-time, please provide the name, address, dates of employment, hours of employment per week, title and salary of concurrent employer/s.

Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
(Please specify the salary the individual will be paid. Use an hourly salary if the position is part-time.)

Appointment: \_\_\_\_\_ State University of New York at Buffalo  
\_\_\_\_\_ Research Foundation of State University of New York  
\_\_\_\_\_ UB Foundation Activities, Inc.  
\_\_\_\_\_ UB Foundation Services, Inc.

Degree Required: \_\_\_\_\_  
(Please specify level and field, e.g. Ph.D. in Biochemistry)

Experience Required: \_\_\_\_\_  
Number of Years Nature of Experience

Other Special Requirements (e.g. licenses, certifications, specialized skills/techniques):  
\_\_\_\_\_  
\_\_\_\_\_

Will the individual supervise other employees? \_\_\_\_\_ No \_\_\_\_\_ Yes

How many? \_\_\_\_\_ Titles: \_\_\_\_\_



**University at Buffalo**  
*The State University of New York*  
**Office of International Education**  
 Immigration Services

## REQUEST FOR ACTUAL WAGE DATA FOR LABOR CONDITION APPLICATION

**To:** **UB Immigration Services**  
 Labor Condition Application File for \_\_\_\_\_  
 Employee's name

**From:** \_\_\_\_\_  
 Department/School/Center

**Subject:** \_\_\_\_\_  
 Position Title

**Date:** \_\_\_\_\_

In the Department/School/Center of \_\_\_\_\_ the minimum **starting** salary is \_\_\_\_\_ and the maximum **starting** is \_\_\_\_\_. There are \_\_\_\_\_ other employees in the Department/School/Center of \_\_\_\_\_ with the job title and duties of \_\_\_\_\_.

Within this range, an individual salary is determined by taking into consideration various factors, specifically (check all that apply):

- \_\_\_\_\_ Years of experience in this field
- \_\_\_\_\_ Level of formal education
- \_\_\_\_\_ Level of independence involved in research
- \_\_\_\_\_ Importance of research and monetary value of grant
- \_\_\_\_\_ Knowledge of specialized techniques
- \_\_\_\_\_ Number of employees supervised
- \_\_\_\_\_ Other (please enumerate)

\_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 Supervisor Name & Title



**University at Buffalo**  
*The State University of New York*  
**Office of International Education**  
 Immigration Services

## H-1B EXTENSION PETITION CERTIFICATION AND FEE AGREEMENT

*(Please Complete and Submit to UB Immigration Services, 210 Talbert Hall)*

► **DEPARTMENTAL CERTIFICATION:**

*I HEREBY CERTIFY THAT I SUPPORT THE FILING OF AN H-1B PETITION ON BEHALF OF THE INTERNATIONAL EMPLOYEE BEING SPONSORED BY THE UNIVERSITY AT BUFFALO OR RESEARCH FOUNDATION AND THAT THE DEPARTMENT WILL PAY THE **SERVICE FEE OF \$950** FOR THE INTERNATIONAL EMPLOYEE.*

International Employee  
 Being Sponsored for  
 H-1B Status: \_\_\_\_\_

Department: \_\_\_\_\_

Departmental Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Signature: \_\_\_\_\_ Date

► **DEPENDENT SERVICE FEE:**

The service fee of **\$200** for dependent(s) will be paid by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date

# QUESTIONNAIRE FOR H-4 DEPENDENT(S)

## FIRST DEPENDENT:

Name \_\_\_\_\_  
*Last/Family First Middle*

Date of birth: \_\_\_/\_\_\_/\_\_\_ U.S. Social Security # (if any) \_\_\_-\_\_\_-\_\_\_

Country of birth: \_\_\_\_\_ Province of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_

Residence address in the U.S. \_\_\_\_\_

(Please note that the USCIS and Immigration Services must be notified within 10 days of a change of residence address)

Most recent residence address in home country:

\_\_\_\_\_ *Street Address*

\_\_\_\_\_ *City State/Province Postal Code Country*

## PASSPORT INFORMATION:

Country of issuance: \_\_\_\_\_ Expiration date: \_\_\_\_\_

## ARRIVAL INFORMATION:

Date of last arrival: \_\_\_\_\_ I-94 #: \_\_\_\_\_

Current status: \_\_\_\_\_ Expires on: \_\_\_\_\_

## ADDITIONAL INFORMATION:

Answer the following questions. If you answer "Yes" to any question, please explain in the section following the questions.

1. Are you, or any other person included on the application, an applicant for an immigrant visa? Yes \_\_\_ No \_\_\_

2. Has an immigrant petition ever been filed for you or for any other person included in this application? Yes \_\_\_ No \_\_\_

3. Has a Form I-485, application to Register Permanent Residence or Adjust Status, ever been filed by you or by any other person included in this application? Yes \_\_\_ No \_\_\_

4. Have you, or any other person included in this application, ever been arrested or convicted of any criminal offense since last entering the U.S.? Yes \_\_\_ No \_\_\_

5. Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold? Yes \_\_\_ No \_\_\_

6. Are you, or any other person included in this application, now in removal proceedings? Yes \_\_\_ No \_\_\_

- If you answered "Yes" to Question 6, give the following information concerning the removal proceedings. **Include the name of the person in removal proceedings and information on jurisdiction, the date the proceedings began and the status of the proceedings.**

7. Have you, or any other person included in this application, been employed in the U.S. since last admitted or granted an extension or change of status? Yes \_\_\_ No \_\_\_

- If you answered "No" to Question 7, fully describe how you are supporting yourself. **Include the source, amount and basis for any income.**

- If you answered "Yes" to Question 7, fully describe the employment. **Include the name of the person employed, name and address of the employer, weekly income and whether the employment was specifically authorized by USCIS.**

Question No: \_\_\_\_\_

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Question No: \_\_\_\_\_

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If more space is needed, please use a separate sheet of paper.

**ADDITIONAL DEPENDENT:**

Name \_\_\_\_\_  
*Last/Family First Middle*

Date of birth: \_\_\_/\_\_\_/\_\_\_ U.S. Social Security # (if any) \_\_\_-\_\_\_-\_\_\_\_\_

Country of birth: \_\_\_\_\_ Province of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

**PASSPORT INFORMATION:**

Country of issuance: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**ARRIVAL INFORMATION:**

Date of last arrival: \_\_\_\_\_ I-94 #: \_\_\_\_\_

Current status: \_\_\_\_\_ Expires on: \_\_\_\_\_

**ADDITIONAL DEPENDENT:**

Name \_\_\_\_\_  
*Last/Family First Middle*

Date of birth: \_\_\_/\_\_\_/\_\_\_ U.S. Social Security # (if any) \_\_\_-\_\_\_-\_\_\_\_\_

Country of birth: \_\_\_\_\_ Province of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

**PASSPORT INFORMATION:**

Country of issuance: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**ARRIVAL INFORMATION:**

Date of last arrival: \_\_\_\_\_ I-94 #: \_\_\_\_\_

Current status: \_\_\_\_\_ Expires on: \_\_\_\_\_

(Please copy this page for additional dependents.)

**CERTIFICATE OF TRANSLATION**

The undersigned, \_\_\_\_\_, certifies that s/he is fluent in the \_\_\_\_\_ and English languages, that s/he made the attached translation from the attached document in the \_\_\_\_\_ language and, hereby, certifies that the same is a true and complete translation to the best of his/her knowledge, ability and belief.

\_\_\_\_\_  
STATE OF NEW YORK )

) ss

COUNTY OF ERIE)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: