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, 201 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. Also available at: www.cbp.gov/I94.
• 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 (or money order) drawn on a bank located in the U.S. payable to “Department of Homeland Security” in the amount of:
   - $325 USCIS Form I-129 filing fee
   - Note: The $325 I-129 Filing fee must be paid by the employer and must be drawn on an employer account.
   - 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 USCIS 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)

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

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. Also available at: www.cbp.gov/I94.
   - 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 (or money order) drawn on a bank located in the U.S. payable to “Department of Homeland Security” in the amount of $290 (separate check)

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:

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<tr>
<th>Employer</th>
<th>Receipt Number</th>
<th>From</th>
<th>To</th>
<th>Salary per year</th>
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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:

<table>
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<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Country of Birth</th>
<th>Immigration Status</th>
<th>Relationship</th>
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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: ___/___/____ To: ___/___/____

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.

Check Disbursement
Account:         ____ State University of New York at Buffalo
                     ____ Research Foundation of State University of New York
                     ____ UB Foundation Activities, Inc. (UBF Contact:___________)

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: _________________________________________
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
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 $1,000 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 ________________________________

12/2013
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: ____
________________________________________________________________
________________________________________________________________
________________________________________________________________

Question No: ____
________________________________________________________________
________________________________________________________________

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

Name ____________________________

_________________________  __________  __________

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 ____________________________

_________________________  __________  __________

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:

12/2013