H-1B REQUEST PACKET

Initial/Transferring H-1B Checklist and Cover Letter

DATE RECEIVED BY UBIS:

Please include all of the items noted below 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 e-mail sent to Mr. Chris Marks (ovpr.exportcontrols@research.buffalo.edu) evidencing submission of completed Deemed Export Controls Attestation to Office of Vice President for Research

___ 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. If a new appointment, copy of the offer letter or appointment letter issued to the individual

___ 5. 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.

___ 6. If work experience is required for the position, documentation (e.g., letters from former employers) that the individual has the required experience

___ 7. Copy of the individual's CV or resume

___ 8. If the individual is currently in the US:
   • 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. If already in H-1B status and working for another U.S. employer, a copy of your two most recent paystubs

___ 10. Copy of the individual's Social Security Card (if available)

___ 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 filing fee
   ___ $500 Fraud Prevention and Detection Fee

   Note: BOTH the $325 I-129 Filing fee and the $500 Fraud Prevention and Detection fee must be paid by the employer and must be drawn on separate employer checks.

   ___ 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 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. 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)

AND ___ Copy of Form I-797 Approval Notice, 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)

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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.
INITIAL H-1B 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:

If the individual is in the U.S., provide current immigration status: _____________

Expiration date of current status: _____/_____/_____

MM DD YY

Within the past 7 years, has the individual
- been granted H-1B status? ______ Yes _____ No
- been denied H-1B status? ______ Yes _____ No

If yes, please provide the full name of the employer, the dates of employment and the USCIS receipt number.

____________________________________________________________________

____________________________________________________________________
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: ____/____/____
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: __________________________________________
Other Contact Person’s E-mail Address: _________________________________
All address(es) 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: ______________________________________________________
# 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 salary is __________________ and the maximum 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 INITIAL OR TRANSFERRING 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 $1,300 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: __________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Question No: __________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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: 12/2014