REQUEST TO INITIATE H1-B PETITION

To: Jessica Kulkarni, Manager of EOS and International Employment Services, Office of Equal Opportunity Services, Box 19569, ext. 2-0035

From:	Chair, ext#
	Department, ext#

By signing this document, I certify that it is in the best interest of the Department I represent and The University of Texas at Arlington to proceed with an H-1B Petition for the following non-immigrant:

(Check one) ☐ *Extension* ☐ *Transfer* ☐ *New*

IMMIGRATION INFORMATION OF FOREIGN EMPLOYEE

Name:	Sex: ☐ Male ☐ Female	Home Country:
Current Immigration Status:		
☐ J1 ☐ H1 Other:		

If Current Immigration is H-1 status please give all dates of H-1 previously granted:	End Date of Current Immigration Status:

PROPOSED EMPLOYMENT INFORMATION

Job Title:	Salary: (Specific, not a range)	
Non-Technical Job Description: (List Duties)	Minimum Degree Required:	
	In Which Field:	Number of Workers (not students) Alien will Supervise:

Years of Experience Needed in addition to degree requirements	Other Special Requirements:
Name and Title of Alien's Immediate Supervisor:	Complete Departmental and/or Off-Campus Physical Address of Primary Place of Employment:

H-1B Dates of Employment need to start immediately after the expiration of current immigration status and preferably for at least one year because of the time and complexity of completing the process. Please contact the International Coordinator for Employment if you need further information. Start and End Dates of H-1B Employment: to

Complete Contact Information Of Admin Support Personnel Who Will Assist With The Processing Of The H-1B Petition:

NAME: ADDRESS: EMAIL: PHONE NO.

CERTIFICATION

Please begin the H1B Petition process. I understand the salary offered must be the higher of the prevailing wage or the average actual wage paid to all employees in the department with this job title and with similar qualifications and experience. I also understand that the Department is required to guarantee the return airfare for the alien if he/she is dismissed before the completion of the authorized employment. I understand that the International Coordinator relies on the information provided by my Department in processing the H1B petition and that my Department has an affirmative obligation to notify the Coordinator should any information change at any time.

Signature:	Department Chair. (date) :
Print Name:	
Signature:	Dean. (date):
Print Name:	