

REQUEST FOR PROCUREMENT OF H-1B VISA FORMS

Processing fee: \$750 . Please attach a voucher showing transfer of this amount to the following account: 1-3-11031-0790 SER IPS VISA. Our distribution code is 7901.

TO BE COMPLETED BY DEPARTMENTAL REPRESENTATIVE ONLY!

ALL INFORMATION REQUESTED IS ESSENTIAL UNLESS OTHERWISE INDICATED.

This department wishes to employ the following alien as an H-1B Worker in a specialty occupation:

1. _____ / _____ / _____
Family Name First Name Middle Name

2. Date of Birth: _____ / _____ / _____

3. Male _____ Female _____

4. Married: yes _____ no _____

5. U.S. Social Security Number: _____

6. Country of Birth: _____

7. Country of Citizenship: _____

8. Country of Legal Permanent Residence: _____

9. United States Address: _____

10. Home Country Address: _____

11. U.S. Phone Number: () _____

12. UIUC CAMPUS Phone Number: () _____

13. E-Mail Address: _____

14. Passport Number: _____

15. Passport Country: _____

16. Passport Expiration Date: _____ / _____ / _____

17. Entry Visa Type: _____

18. Entry Visa Expiration: _____ / _____ / _____

19. Date of Entry: _____ / _____ / _____

20. Title of Proposed Position: _____
(Alien must be considered temporary if position is permanent.)

21. Proposed Beginning Date: _____ / _____ / _____

22. Proposed Ending Date: _____ / _____ / _____ (3 years maximum)

23. Is the alien now in the U.S.? _____

- If yes, state:
- 1) Alien's current visa status (J-1, F-1, H-1, etc.): _____
 - 2) Expiration date of status: _____
 - 3) Is alien on practical training? ___ Exp. Date ___ / ___ / ___
(Include copy of the Employment Authorization Document)
 - 4) If J-1, include copies of all IAP-66s
 - 5) If H-1, include copies of all previous approvals
 - 6) If alien had any other visa status(es) prior to current one, include copies of relevant visa documents.

24. Has this person **EVER** been in the U.S. on a J-1 Visa? _____
(If yes, include copies of all previous IAP-66s)

25. Has this person ever received a waiver of the two year home country requirement? _____
(If yes, please attach copy.)

26. Highest level of education: _____

27. Do the alien and department understand that the alien may not receive payment from any source other than the UIUC payroll and that if his/her UIUC employment ends, the H-1 status ends? _____

28. Does the alien understand that his/her spouse and children cannot be employed in any capacity as long as they are his/her dependents in H-4 visa status? _____
Does the alien have dependents who will change to or extend H-4 status? _____
(If dependents are entering from abroad in H-4 status put N/A.)

29. _____
Departmental Name and Campus Address (including mail code)

30. _____
Departmental Secretary/Contact Telephone Number

E-mail Address

I, _____, certify that this employee is:
Name of Department head or Director

_____ a. temporary _____ b. currently considered temporary, but may
become permanent

I understand the ANY change in employment, change in % time, title, salary, responsibilities, etc., may require a new H-1 petition to be filed with INS.

I understand that if this individual is dismissed from employment before the ending date of his/her visa status (even for budgetary reasons), this department is responsible for paying the reasonable costs of return transportation to his/her last place of foreign residence.

I understand that the department is required to notify the IFSA office when this individual terminates employment with the University.

Signature of Department Head _____ / ____ / ____
Date

I, _____, certify that I understand the conditions of H-1 visa status
Name of Alien

as stated above.

Signature of Alien _____ / ____ / ____
Date

**THIS DOCUMENT MAY POSSIBLY BE PROVIDED TO THE U.S.
IMMIGRATION SERVICE.**

Return this form with the required Actual Wage Assessment information, Working Conditions statement and Job Description information to:

Linda Lake, Immigration Specialist
International Faculty and Staff Affairs
311 International Studies Building
MC - 480 3-8226