

Part I: To be completed by the host department.

This form is to be used when there are changes in the terms and conditions of employment for an H-1B worker who is currently employed by FSU. An amended petition is probably necessary if an employee is moving from one department to another within FSU, resulting in significant changes in job duties, salary, title, etc. An amended petition is also necessary if an employee will continue to be employed by the same department, but there are significant changes in the job duties, salary, title, etc., such as the addition of supervisory duties or teaching duties. A salary increase or change in job title that is given without changes in job duties or responsibilities does not require an amended petition.

Department/School/Center: [text box]

Name of Foreign National: [text box]

We are submitting a request for an amended petition due to the following changes in employment:

Moving from [text box] (department) to [text box] (department)

New job duties. Describe (please remember to note if new job duties include supervision or not): [text box]

Street address of employment: [text box] City: [text box] State: [text box] Zip Code: [text box]

Salaried: [radio] Yes [radio] No If no, enter wage: [text box] Per [text box] Hours per week [text box]

Change in salary from \$ [text box] to \$ [text box] In-unit: [radio] No [radio] Yes

Other: [text box]

Dates requested for amended petition: [text box] to: [text box]

Contact Information: (worker)

Mailing Address: [text box]

Residential (street) address: [text box] City: [text box] State: [text box] Zip Code: [text box]

Phone: [text box] Fax: [text box] E-mail: [text box]

United States Visa History: Is worker currently in the United States? [radio] Yes [radio] No If yes, what is their current visa status? [text box]

I-94 Number: [text box] What is the expiration date of their current visa status? [text box]

Attach copies of the I-94 card (front and back) and visa

If they have any plans to travel outside the U.S., please provide the details: [text box]

Passport Number: [text box] Issue Date: [text box] Expiration Date: [text box]

U.S. Social Security Number (if any): [text box] Date of last arrival to U.S.: [text box]

Checklist:

- Support letter
- Determination of Actual Wage Form and Chart
- Updated CV
- Copy of current I-94 and passport information page
- \$460 check made out to Department of Homeland Security
- I-539 for dependents if they are in H-4 status and if amended petition will result in an extension of the current stay as well as an amendment to the current petition. \$370 check for I-539 filing fee (if applicable), made out to Department of Homeland Security. Employee is responsible for this fee.
- Mail charge slip or courier envelope and slip

To be completed by supervisor, or department administrator authorized to offer the position:

Name and Title

Phone: Fax:

E-mail: FSU Mail Code:

The undersigned confirms that s/he is authorized to offer this position, that s/he will take responsibility for the supervision of the foreign national, and that information contained in this request is correct according to the best information available. The department must notify the Center for Global Engagement of any early terminations or any changes in the terms or conditions of employment. The undersigned understands that the employer is liable for the reasonable costs of return transportation of the foreign national abroad if the foreign national is dismissed from employment by the employer before the end of the authorized period of stay granted by USCIS on the basis of Florida State University's H-1B petition.

I also confirm that I, or a departmental representative, will contact the Center for Global Engagement BEFORE making any changes in the terms and conditions of the employment. I understand that changes may require FSU to file a new Labor Condition Application (LCA) and amended petition. (Examples of changes that require a new LCA and amended petition are: changing an appointment from full time to part time or from part time to full time, or adding teaching duties to a position that did not originally involve teaching.)

Signature: _____

Date:

Department Representative: