



Please use this checklist to verify that you have submitted all required documents for the H-1B petition. Contact the Center for Global Engagement for current information regarding USCIS processing times. We can submit an H petition up to 6 months in advance of a start date. If the foreign national already holds H-1B status, you may employ him/her as soon as we file the petition and FSU receives the I-797 receipt from USCIS.

Initial H-1B at FSU

- Completed request form (Part I and Part II)
- Deemed Export Questionnaire
- Support letter (see sample)
- Copy of the job advertisement
- Copy of offer letter for faculty teaching appointments
- Copy of the official position description for A&P hires
- Determination of Actual Wage form and chart, or other supporting documentation
- Copy of diploma for highest degree and/or degree relevant to position
 - If the diploma is from a foreign institution, **you must include a FOREIGN CREDENTIAL EVALUATION** (<http://admissions.fsu.edu/international/admissions/credit.cfm>) and a translation if the diploma is not in English.
- Transcript if the diploma does not show the field of study.
- Curriculum vitae
- Copies of previous and current immigration documents (EAD, DS-2019, I-20, I-129, I-797, etc.)
- If currently in H-1B status with other employer, provide a copy of 3 most recent pay stubs.
- Passport copy (only bio data, visas, and expiration date pages)
- Copy of I-94 (www.cbp.gov/i94) if beneficiary is in the U.S.
- Department number, fund number, and project number for UPS shipment charges to the department.
- \$460 check made out to U.S. Department of Homeland Security. Department must pay this fee. (Please see Note 2)
- \$500 check made out to U.S. Department of Homeland Security. This Fraud Prevention and Detection Fee must be paid by the department in a separate check.
- Completed form I-539 (visitor's spouse and/or children, if applicable) and copies of passport, I-94 and other visa documents for dependents, and copy of marriage certificate and birth certificates for children (translated). This is not applicable if family is outside the U.S., or if family member has own nonimmigrant status and does not intend to hold H-4 dependent status. Please note that the dependent should complete and sign the form.
- \$370 check for I-539 filing fee for dependents (if applicable), made out to Department of Homeland Security. Employee is responsible for this fee.

For out-of-unit positions:

After the Center for Global Engagement obtains a prevailing wage determination, we will post a "notice of filing" on the FSU Human Resources web site for 10 working days. (<http://www.hr.fsu.edu/>)

For in-unit positions: The Center for Global Engagement will send a notice to the UFF bargaining representative.

Note: (1) For an additional fee of \$1225, U.S. Citizenship and Immigration Service (USCIS) will process the application in 15 days or less. The \$1225 cannot be combined with the \$460 fee or the \$500 fee. We need separate checks.

(2) Please make sure that the check is NOT sent directly to USCIS. It should come to the Center for Global Engagement so that we can send it along with the petition for the H-visa. U.S. Department of Homeland Security Tax ID# 43-2000174.



REQUEST FOR TEMPORARY WORKER VISA (H-1B)

PART I: To be completed by the foreign national.
Return this form **ONLY** to your sponsoring department at FSU.
Please type in or print legibly and **COMPLETE ALL SECTIONS.**

FSU Department/School/Center FSU contact person

Personal Information: Name (Write it as it appears on your passport)

Surname (Family Name) Given Name(s)

Gender: Female Male Marital Status: Married Single

Date of Birth Place of Birth: City State or Province

Country Citizenship Passport Number

Issue Date Expiration Date U.S. Social Security # (if you have one)

Alien Registration Number (A-Number) SEVIS Number (if any) EAD Number (if any)

Attach copies of the passport (only pages containing your biographical information and the expiration date; current & expired visas).

Contact Information:

Current Address

Line 1 City
Line 2 State/Province
Line 3 Country Mail Code

Foreign Address

Line 1 City
Line 2 State/Province
Line 3 Country Mail Code
Phone Email

Other Information:

United States Visa History: Are you currently in the United States? No Yes If yes, what is your current visa status?

United States Embassy or Consulate where you will apply for the visa if USCIS cannot approve requested change of status or extension (Canadians do not need visa stamps in their passports): I-94 Number

What is the expiration date of your current visa status?

If you have any plans to travel outside the U.S., please provide the details:

Date of last arrival to U.S. Within the past seven years, have you ever been denied a petition for H-1B status? No Yes

Have you filed an immigration visa petition (I-140 or I-130), or has anyone filed an immigrant visa petition for you? No Yes

If yes please explain

Have you previously been in the United States in a nonimmigrant visa status? No Yes

Please fill out the lines below. Use a separate page if necessary. **Attach copies of all relevant visa documents (I-20, DS-2019, I-129, EAD card, I-797, etc.)**

Visa Status	<input type="text"/>	From	<input type="text" value="mm/dd/yyyy"/>	To	<input type="text" value="mm/dd/yyyy"/>
Visa Status	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Visa Status	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>

If you are or have been in the United States on a J-1 visa and are subject to the Two-Year Home Country Physical Presence Requirement, have you applied for the waiver of the requirement? No Yes

If yes, explain the current status of your application

Attach copies of the recommendation for waiver from the Department of State and/or approval notice from USCIS.

Family Information:

Your children under age 21 and your spouse may join you as dependents. You must submit copies of the I-94 card (front and back), and copy of passport, for each dependent who is currently in the United States. You may duplicate this page if necessary.

Note: The I-539 form should be filled out in the name of the dependent NOT in the name of the H-1B beneficiary. Include \$370 check when filing I-539.

Spouse (wife or husband)

Surname or Family Name Given Name(s)

Gender: Female Male Date of Birth Place of Birth

Country of Legal Permanent Residence Citizenship/Passport Country

Check the box that applies:

- will travel with the principal visitor will arrive later. Expected arrival date:
- will not come to the US and will not need a visa
- already in the US and plans to change to the following visa status: (Please attach a copy of the I-94 card, front and back)
- already in the US and plans to continue in current visa status; current visa status is:

Child Name: For additional children use the next page

Surname or Family Name Given Name(s)

Gender: Female Male Date of Birth Place of Birth

Country of Legal Permanent Residence Citizenship/Passport Country

Check the box that applies:

- will travel with the principal visitor will arrive later. Expected arrival date:
- will not come to the US and will not need a visa
- already in the US and plans to change to the following visa status: (Please attach a copy of the I-94 card, front and back)
- already in the US and plans to continue in current visa status; current visa status is:

Please read and sign the following statement:

I, , confirm that the information I have provided on this visa request form and any attached sheets is true, correct, and complete according to my best knowledge.

Signature _____ Date

Contact Information: FSU Center for Global Engagement, 110 S. Woodward Ave., PO Box 3064216, Tallahassee, FL 32306-4216. Phone: (850) 644-1702 Fax: (850) 644-9951
Contact: Luciana Hornung (lhornung@fsu.edu) or Kristen Hagen (khagen@admin.fsu.edu) (850)644-9563

Please return this form to the department that is planning to hire you. Thank you.

Family Supplement:

Child Name:

Surname or Family Name Given Name(s)

Gender: Female Male Date of Birth Place of Birth

Country of Legal Permanent Residence Citizenship/Passport Country

Check the box that applies:

- will travel with the principal visitor will arrive later. Expected arrival date:
- will not come to the US and will not need a visa
- already in the US and plans to change to the following visa status: (Please attach a copy of the I-94
- already in the US and plans to continue in current visa status; current visa status is:

Child Name:

Surname or Family Name Given Name(s)

Gender: Female Male Date of Birth Place of Birth

Country of Legal Permanent Residence Citizenship/Passport Country

Check the box that applies:

- will travel with the principal visitor will arrive later. Expected arrival date:
- will not come to the US and will not need a visa
- already in the US and plans to change to the following visa status: (Please attach a copy of the I-94
- already in the US and plans to continue in current visa status; current visa status is:

Child Name:

Surname or Family Name Given Name(s)

Gender: Female Male Date of Birth Place of Birth

Country of Legal Permanent Residence Citizenship/Passport Country

Check the box that applies:

- will travel with the principal visitor will arrive later. Expected arrival date:
- will not come to the US and will not need a visa
- already in the US and plans to change to the following visa status: (Please attach a copy of the I-94
- already in the US and plans to continue in current visa status; current visa status is:

Child Name:

Surname or Family Name Given Name(s)

Gender: Female Male Date of Birth Place of Birth

Country of Legal Permanent Residence Citizenship/Passport Country

Check the box that applies:

- will travel with the principal visitor will arrive later. Expected arrival date:
- will not come to the US and will not need a visa
- already in the US and plans to change to the following visa status: (Please attach a copy of the I-94
- already in the US and plans to continue in current visa status; current visa status is:



REQUEST FOR TEMPORARY WORKER VISA (H-1B) - INITIAL

PART II: To be completed by the host department. Please type or print legibly.

Department/School/Center

Name of Foreign National: Surname or Family Name Given Name(s)

Processing

- Regular (\$460 application fee and \$500 Fraud Protection & Detection Fee) **OR**
- Premium - 15 days (\$460 application fee and \$500 Fraud Protection & Detection Fee, plus additional, separate check for \$1225)

Information for UPS billing through Postal Services *(Please see the checklist for information about the checks and addresses.)*

Dept # Fund # Project # (if applicable)

Position at FSU (check & complete as appropriate) Position Title

Faculty OPS A&P, USPS, other Exempt: Yes No Full-time Part-time, hours per week:

Minimum Degree required Minimum experience required

Job duties Proposed salary rate per

Dates of intended employment: to (3 years maximum)

Actual Worksite Address City State (Abv) ZIP

Additional Worksite Address City State (Abv) ZIP

If there are additional worksites please provide the addresses

Education (check as appropriate and specify). Attach copies of the diploma.

Degree	Name of Institution	Location	Degree Year	Major
<input type="checkbox"/> Doctorate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Masters	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Bachelors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Immediate Supervisor

Name and Title FSU Mail Code

Phone E-mail

READ BEFORE SIGNING

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 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. 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: Center for Global Engagement staff will contact the department representative if there are any questions regarding this application, or if there is anything missing from the application.

Name and Title FSU Mail Code

E-mail Phone

Return this form to: FSU Center for Global Engagement, 110 S. Woodward Ave., PO Box 3064216, Tallahassee, FL 32306-4216.
Phone: 850-644-1702 Fax: 850-644-9951 Contact: Luciana Hornung (lhornung@fsu.edu) or Kristen Hagen (khagen@admin.fsu.edu)



The questionnaire must be answered by the faculty member sponsoring the visa applicant/beneficiary and may not be delegated to another individual acting on behalf of the faculty sponsor.

Faculty/Sponsor Name:	_____	Department:	_____
eMail Address:	_____	Phone number:	_____
Applicant Name:	_____	Proposed Title:	_____
Citizenship	_____	Department	_____

Additional Information:

Description of beneficiary's Duties:

Will the beneficiary participate in sponsored research? _____

If **YES** to above...

1) Please enter the Fund Code, OMNI number, the Sponsor, and PI name below.

Fund Code: _____ OMNI Number: _____

Sponsor: _____ PI Name: _____

2) Is the sponsored research funded in whole or part by the Department of Defense, NASA, or a defense industry sponsor? _____

Will the beneficiary be provided access to any controlled technical data or technology (hardware or software) furnished to FSU that is proprietary or confidential to a sponsor or third party? Yes No

Will the beneficiary be provided access to any equipment, information, or software specifically designed or developed for military or space applications (e.g. night vision cameras, satellite technology, Y-Code GPS, etc.)? Yes No

Will the foreign national be exposed to encryption software source code, or otherwise involved in the design, development, or production of encryption software? Yes No

Is the sponsored research project(s) subject to access, publication, dissemination, or foreign national participation restrictions? Yes No



Will the beneficiary be provided access to any controlled FSU owned technical data or technology (hardware or software) that is considered proprietary or confidential to FSU or any third party? Yes No

Will the beneficiary be involved in research associated with select agents, pathogens, or toxins? Yes No

Will the beneficiary be working with high tech or experimental equipment (e.g. high speed computers, sensors, materials, lasers, telecommunication devices) where he/she will need to understand how it is designed, manufactured, or repaired in the course of the research? Yes No

Is any of the equipment, technical data, or software involved in the research controlled under the International Traffic in Arms Regulations (ITAR) or the Export Administration Regulations (EAR)? Yes No

If **YES**, answer the questions below:

1) Specify the item(s) or technical data:

2) Specify the United States Munitions List (USML) category and/or the Export Control Classification Number (ECCN) as appropriate (This information can be obtained from the manufacturer, vendor, and/or provider):

3) Specify any specialized scientific software that will be in source code:

Please specify the research type:

- | | | |
|----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Basic | <input type="checkbox"/> Advanced | <input type="checkbox"/> Testing |
| <input type="checkbox"/> Applied | <input type="checkbox"/> Development | <input type="checkbox"/> Service Oriented |

If you checked "Yes" to any of the above, please provide additional information below:

The faculty sponsor is required to notify Center for Global Engagement **at least 30 days** in advance of any change to the beneficiary's employment that would require modifying any of the answers above.

Faculty Sponsor Name (please print)	Faculty Sponsor Signature	Date

FOR LEGAL COUNSEL USE ONLY. Department Supervisors disregard.

After secondary review it has been determined that a license for Export Control is not required for this scholar.

Jane Mostoller, Associate General Counsel

Date Field

SAMPLE LETTER OF SUPPORT FOR H-1B VISA PETITION

U.S. Citizenship and Immigration Services
California Service Center
ATTN: CAP EXEMPT H-1B Processing Unit
P.O. Box 30040
Laguna Niguel, CA 92677

RE: H-1B Visa Petition on behalf of XXXXX

Dear Sir/Madam:

I am writing in support of the H-1B petition filed by Florida State University on behalf of Dr. XXXX.

Petitioner

Florida State University is a well-known non-profit academic and research institution.* In order to maintain a distinguished reputation for excellence, it is essential that our employees be of the highest merit and ability.

(Briefly describe department)

Position

The Department/Center/Unit of _____ wishes to temporarily employ Dr. XXXXX in the specialty occupation of _____. The minimum requirement for this position is a Ph.D. in _____ with expertise in _____.** As _____, Dr. XXXXX's duties will include _____.

Qualifications

Dr. XXXXX is well-qualified to fill the position of _____. S/he received her/his doctorate in _____ from Knott Realia University, (country, if outside U.S.) in _____. During his/her studies, s/he _____. In addition her/his research has already been published in several prestigious journals in the field.***

Offer

Based on Dr. XXXXX's professional credentials, we wish to employ her/him, in H-1B status for a temporary period of _____ (3 years maximum) as _____ title _____ beginning _____ date _____. Dr. XXXXX will receive an annual salary of \$_____.

Thank you for your consideration.

Sincerely,
Name
Chair, Supervisor

Notes:

- * You can add any statement that shows your department's outstanding achievement, excellent ratings nationally, etc.
- ** State minimum requirement of education and experience (when experience beyond the degree is required).
- *** Include brief job history and other accomplishments relevant to the position.

DETERMINATION OF ACTUAL WAGE

The U.S. Department of Labor requires employers who are hiring H-1B employees to confirm that they will pay non-immigrants at least the local prevailing wage or the employer's actual wage, *whichever is higher*. The actual wage is the wage rate paid by the employer to all other individuals with experience and qualifications similar to those of the H-1B nonimmigrant for the specific employment in question.

The employer is required to **establish** and **document** the actual wage rate. Information must be available for public examination and for Department of Labor inspection. The inspection files are kept at the Center for Global Engagement. To comply with the actual wage requirement, please complete the section below and attach the Determination of Actual Wage Worksheet or other supporting documentation.

PLEASE CHECK ONE:

There are no employees in the department with the job title and/or basic job duties of *(name of foreign national)* . This position is unique because

The actual wage rate is the salary offered to the H-1B employee.

Signature: _____ *(Department Chair or Director)*

There are *(number)* other employees in the *(name of department)* with the job title and duties of *(job title)*

The wage range for those employees is \$ to \$. Within this range an individual salary is determined by taking various factors into consideration. The factors used to determine the salary for individuals in the position of are:

I am attaching documentation to show how the department identified similarly-employed workers with similar education and experience and how this wage rate was determined. (This information is required by the Department of Labor.) It should consist of a list of employees in the **same job classification and their salaries, plus an explanation of how the salaries were set. The salary of the H-1B worker cannot be lower than all of the other employees in the same classification because regulations require the employer to pay the prevailing wage OR the actual wage, whichever is higher.**

Signature: _____ *(Department Chair or Director)*

NOTE: Some factors that the department can consider when determining an employee's salary are:

- | | |
|----------------------------------|---|
| - experience | - specialized knowledge/skills |
| - qualifications | - publications |
| - education | - other objective business-related criteria |
| - job responsibility/supervision | |

According to NAFSA: Association of International Educators: "The Department of Labor has made it quite clear that for actual wage purposes it is unacceptable to set a wage based solely on the salary level set by a grant. The *can't* afford it argument holds little water in the face of a Department of Labor audit." In addition, if a similarly employed individual has a higher than average salary because of a certain grant, the salary of that individual cannot be left out of the wage range if the duties, education, and experience of the employee are similar to that of the H-1B employee (note from the H-1B Handbook, 2000 Edition by Austin T. Fragomen, Jr. and Steven C. Bell).

DETERMINATION OF ACTUAL WAGE SAMPLE WORKSHEET

Note: This is a sample only. Your documentation can include other objectives, relevant factors used to determine wages.

Federal regulations related to the H-1B application require employers to provide written documentation that illustrates how the employer determined the actual wage. The documentation must show how the wage set for the H-1B non immigrant relates to wages paid by the employer to all other individuals with similar experience and qualifications for the specific employment in question at the place of employment. (NAFSA: Association of International Educators Adviser's Manual 2004) To determine if you are offering at least the actual wage to the potential H-1B employee, please fill out the chart below, or create your own. You could choose to prepare a detailed memo that explains the compensation system, as long as it is detailed enough so that a third party could calculate the actual wage for an employee.

The actual wage may be a wage range, rather than one specific salary, but the documentation should clearly show how the wage offered to the H-1B worker fits in the wage range offered to similarly employed workers.

The Center for Global Engagement must include the actual wage documentation in files required by the U.S. Department of Labor. When we submit a Labor Condition Application (a required part of an H-1B application) we attest that the university will pay either the prevailing wage or the actual wage, whichever is higher.

Include employees in positions with similar responsibilities and job classifications. Modify the chart as needed, to add employees and/or to reflect objective factors used to determine wages in your department.

Current Employees	Position Title	Year Highest Degree Completed	Yrs. Relevant Experience/FSU	Yrs. Relevant Experience/Non-FSU	Special Skills/Knowledge	Special Job Duties	Other	Salary

Prospective H1B								
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Include other new hires who may join the department at the same time as the prospective H1B.