



Please use this checklist to verify that you have submitted all required documents for the H-1B petition. You may request an extension up to six months before the expiration date of the current petition.

For extensions of current H-1B employees of FSU:

- Completed request form (Part I and Part II)
- Deemed Export Questionnaire
- Determination of Actual Wage form and chart, or other supporting documentation
- Department support letter
- Updated curriculum vitae
- Copies of any new visas in passport, copy of passport information page and expiration date if passport is new
- Copy (front and back) of current I-94 card (if beneficiary is in the U.S.)
- We will send the application to USCIS via UPS. Please provide the department number and fund number (if applicable). If you request premium processing, (see Note 1) FedEx will bill the department twice, once for sending and once for receiving.
- Three most recent pay records (Print outs from OMNI are recommended)
- \$325 check made out to Department of Homeland Security. Department must pay this fee. (Please see Note 2)
- Completed form I-539 (visitor's spouse and/or children, if applicable) and copies current I-94 and any new visas
- \$290 check for I-539 filing fee (if applicable), made out to Department of Homeland Security. Employee is responsible for this fee.

After the Center for Global Engagement obtains a prevailing wage determination, we will fax a "notice of filing" that you must post in the department for 10 working days. We CANNOT proceed with the rest of the application until you notify us (send e-mail to khagen@admin.fsu.edu) that you have posted the notice. Return the original posting to the Center for Global Engagement, MC 4216, or fax a copy to (850) 644-9951. Be sure to note the dates of posting and the location of the posting.

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 \$325. We will 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. Department of Homeland Security Tax ID# 43-2000174.



This form is used to request *extensions* of H-1B temporary worker visas for foreign nationals who are already working at FSU in H-1B status. For all other cases (new H-1B, changing from another visa status, transferring H status from another employer, amending terms and conditions of the original petition, etc.) please use either the "Request for Temporary Worker Visa (H-1B)" INITIAL or AMENDMENT form.

Department/School/Center:

Name of Foreign Employee:

Surname or Family Name

Given Name(s)

Employee's contact information: Phone: E-mail:

Beginning date of H-1B status: Date when current H-1B status will end:

Are there any changes in the employee's job duties or terms and conditions of employment since the time we filed the initial petition? If yes, please describe:

Position at FSU:

Position Title: Faculty OPS A&P, USPS, other

Full-time Part-time Number of hours per week Salaried: Yes No In-unit: Yes No

Proposed salary rate for period of extension: per Anticipated end date:

Location of employment:

Processing

Regular (\$325) - Dept. # or FedEx account #: Fund # (if applicable):

Premium - 15 days (\$325, plus additional, separate check for \$1225) - Dept. # or FedEx #: Fund #:

(Please see the checklist for information about the checks and addresses.)

Supervisor: Name and Title: FSU Mail Code:

Phone: Fax: E-mail:

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:

Phone: Fax: E-mail:



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

PART II: To be completed by the foreign national.
You must return this form **ONLY** to your sponsoring department at FSU.
Please type in or print legibly

FSU Department:

FSU Department Contact:

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

Surname (Family Name):

Given Name Name(s):

Marital Status: Not Married Married Other (engaged, separated)

United States Social Security Number:

Citizenship:

Passport Number:

Issue Date:

Expiration Date:

Date of last entry to U.S.:

I-94 Number:

Please attach a copy (front and back) of most recent I-94. Attach a copy of passport, if new or extended and a copy of your H-1 visa, if you have one.

Do you have any plans to travel outside the U.S.? If yes, provide dates and other information:

Have you filed an immigrant visa petition, or has anyone filed on your behalf? If yes, please explain:

Family Information:

Please submit a completed Form I-539 (available at <http://www.uscis.gov>) for family members who will extend their H-4 dependent status.

Please include:

Check for \$290 made out to USCIS

Copies of passports, I-94s, visas

Note: The I-539 form should be filled out in the name of the dependent NOT in the name of the H-1B beneficiary.

Contact Information:

Mailing Address:

Residence (street) Address:

Phone:

Fax:

E-mail:

Please read and sign the following statement:

I, (name) , confirm 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:

FSU Center for Global Engagement, 110 S. Woodward Ave., PO Box 3064216, Tallahassee, FL 32306-4216

Telephone: (850) 644-1702 Fax: (850) 644-9951

Contact: Kristen Hagen (khagen@admin.fsu.edu), (850)644-9563

Your department will send this form to the Center for Global Engagement. Thank you.



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 9ECCN) 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



FLORIDA STATE UNIVERSITY
Center for Global Engagement

DEEMED EXPORT QUESTIONNAIRE

and FSU VISA/EXPORT REVIEW FORM
for H-1B applicants

If not sending with other H1B request materials, please send this completed form directly to the FSU Center for Global Engagement, Immigration Assistant Christopher Edgerton - cedgerton@admin.fsu.edu

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

SAMPLE LETTER OF SUPPORT FOR H-1B EXTENSION

U.S. Citizenship & Immigration Services
California Service Center
ATTN: CAP Exempt H-1B
24000 Avila Road, Second Floor, Room 2312
Laguna Niguel, CA 92677

RE: H-1B Visa Extension on behalf of Dr. John Doe

Dear Sir/Madam:

I am writing in support of the H-1B extension filed by Florida State University on behalf of Dr. John Doe, who is currently employed as a *(title)* in the Department of Biochemistry.

The Department of Biochemistry intends to employ Dr. John Doe for the period of *(date)* to *(date)*. This period of employment fits within the six-year limitation on total H-1B employment. Dr. Doe will continue to conduct research and teach graduate and undergraduate courses in Biochemistry. He will receive a salary of \$ *(dollar amount)* for the academic year (or other period).

Thank you for your courtesy and attention to this matter.

Sincerely,

Jane Doe
Title

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: _____	<i>(Department Chair or Director)</i>
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- 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: _____	<i>(Department Chair or Director)</i>
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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).

