



Please use this checklist to verify that you have submitted all required documents for the H-1B petition. FSU can submit an H petition up to 6 months in advance of a start date. If the new employee already holds H-1B status, you may employ them as soon as FSU files the petition and FSU receives the I-797 receipt from USCIS.

- Completed request form (Part I and Part II)
- RAMP Approval: <https://ramp.research.fsu.edu/modules/export-control>
- 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/>) and a translation if the diploma is not in English. Please only request a document evaluation and not course-by-course evaluation. Make sure the field of study is included in the credential evaluation document.
- Transcripts
- 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 and I-539A (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 all dependents should complete and sign the form. The I-539 should be completed by the spouse of the H-1B beneficiary and the I-539A by any other dependent.
- \$370 fee for I-539 and I-539A (if applicable) (does not include employee), made out to U.S. Department of Homeland Security. Employee is responsible for this fee.
- Proof of OPT status (if applicable). Provide all paystubs for employment during OPT status and a letter from the employer stating the period of employment, hours worked per week and how the employments relates to their US major of study

For out-of-unit positions:

After the Office of the General Counsel 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 Office of General Counsel will send a notice to the UFF bargaining representative.

Note: (1) For an additional fee of \$2500, U.S. Citizenship and Immigration Service (USCIS) will process the application in 15 days or less. The \$2500 cannot be combined with the \$460 fee or the \$500 fee. Submit separate checks.

(2) Please make sure that the check is NOT sent directly to USCIS. It should come to the Office of the General Counsel to go 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

Issue Date Expiration Date Passport Number

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 and I-539A forms should be filled out in the name of the dependent NOT in the name of the H-1B beneficiary. Include \$370 fee for I-539 and I-539A (if applicable) (does not include employee), when filing I-539. The I-539 should be filled by the spouse of the H-1B beneficiary and the I-539A by any other dependent.

Spouse (wife or husband)

Surname or Family Name		Given Name(s)			
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
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:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
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 Office of the General Counsel, 222 S Copeland St Suite 424, Tallahassee, FL 32306-1400 Contact: Leslie Crosdale, lcrosdale@fsu.edu

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 \$2500) Information for UPS billing through Postal Services (Please see the checklist for information about the checks and addresses.)

Dept # [] Fund # [] Purchase Order # []

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.

Table with 5 columns: Degree, Name of Institution, Location, Degree Year, Major. Rows for Doctorate, Masters, Bachelors, Other.

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 Office of the General Counsel 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: An Associate General Counsel 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 Office of the General Counsel, 222 S Copeland St, Suite 424, Tallahassee, FL 32306-1400 Contact: Leslie Crosdale, lcrosdale@fsu.edu

RAMP (Replacing the Deemed Export Questionnaire)

The Deemed Export Questionnaire has been replaced by RAMP. Diana Key, Director of Research Compliance, no longer accept paper forms. **Please take a screenshot of the RAMP approval and submit this as proof with your complete H-1B request packet. RAMP is required for all international employees.** The system, RAMP Export Controls, marks the 5th module within the Research Administration Management Portal and it provides an automated process and enhanced communication tools for the submission, review and management of export control requests. The Export Control module offers the same transparency as the other RAMP modules since users are able to check the status of requests in real-time. It also provides a flexible review process as ancillary reviewers can be added to the workflow to evaluate and comment on particular export control requests, as needed.

RAMP Export Control can be accessed by signing into the [myFSU portal](#), clicking the “RAMP” icon, and then clicking the Export Control tab within the top navigation menu. Users can also access the system through links contained within Outlook email notifications as certain system activities are performed.

Export Control requests, as listed below, are required to originate through RAMP at this time.

- Biologics Access Controls
- DD Form 2345 – Militarily Critical Technical Data Agreement
- Shipment (International only)
- Sponsored Research, Collaborations, and Other Agreements
- Visa
- Visitor

The Visa Request Type is what you need to submit.

Training on how to utilize the new system for each export control request type can be found on the Export Control [training page](#) on the [RAMP project website](#). There are many resources available, such as How-To Guides by request type, a *PI Reference Guide*, and a document outlining *When RAMP Export Control is Required*. Users can also learn how the ancillary review process works by reviewing the *Ancillary Review Guide* and which system actions trigger email notifications through reviewing the *System Workflow and Notifications Guide*. The same training resources are also conveniently accessible within the **Help Center** in RAMP Export Control.

The RAMP Export Control support email serves as the best communication tool to reach the Export Control training team at ramp-exportcontrol@fsu.edu for any questions, concerns or feedback. We are dedicated to helping you successfully navigate RAMP Export Control!

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 _____.

*Please list all specific duties and responsibilities of the position.

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 Office of the General Counsel. 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 Office of the General Counsel 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								

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