



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.)
- Please provide the department number and fund number (if applicable) for the department's UPS or FedEx account. 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)
- \$460 check made out to U.S. 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
- \$370 check for I-539 filing fee (if applicable), made out to U.S. Department of Homeland Security. Employee is responsible for this fee.
- Diploma and transcripts

**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. We will need separate checks.

(2) Please make sure that the check is NOT sent directly to U.S. Department of Homeland Security. It should come to the Center for Global Engagement so that we can send it along with the H-1B petition. U.S. Department of Homeland Security Tax ID# 43-2000174.



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

**PART I:** 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 arrival to U.S.:

I-94 Number:

SEVIS# (if any):

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.

Alien Registration # (A-Number):

Employment Authorization Document (EAD) Number (if any):

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 \$370 made out to U.S. Department of Homeland Security

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: Luciana Hornung ([lhornung@fsu.edu](mailto:lhornung@fsu.edu)) or Kristen Hagen ([khagen@fsu.edu](mailto:khagen@fsu.edu)), (850)644-9563

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



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

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

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)*

**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 address.)

Dept#  Fund#  Purchase Order #

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

Date when current H-1B status will end:  Dates requested for extension:  to

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 Benefits:  Yes  No

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

Proposed salary rate for period of extension:  per

Address (street) of employment:  City  State  Zip Code

Will the employee will be working at another location **in addition** to the one listed above?  Yes  No **Please include the address of that location on a separate page.**

**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:

**Return this form to:** FSU Center for Global Engagement, 110 S. Woodward Ave., PO Box 3064240, Tallahassee, FL 32306-4240.  
Phone: 850-644-1702 Fax: 644-9951 Contact: Luciana Hornung ([lhornung@fsu.edu](mailto:lhornung@fsu.edu)) or Kristen Hagen ([khagen@fsu.edu](mailto:khagen@fsu.edu))



Florida State University  
**Deemed Export Questionnaire**  
**FSU VISA/EXPORT REVIEW for H-1B Applicants**

**OVERVIEW OF EXPORT CONTROL REQUIREMENT FOR H-1B**

In support of your request for H-1B sponsorship, the Center for Global Engagement (CGE) is required to certify on the USCIS I-129 petition whether or not a license for export controlled technology or technical data is necessary for the individual being sponsored. To facilitate this requirement, we ask your assistance in completing the questionnaire below, which will allow CGE to begin filing H-1B support. In addition, the Office of Research Compliance Programs (ORCP) will review the form and if necessary will confer with the sponsored-individual and appropriate supervisor or administrator to determine whether a license under EAR or ITAR would be required. The license acquisition process would be initiated in parallel to H-1B sponsorship. Any future changes or extensions of the sponsored H-1B worker’s employment must also be reviewed for compliance. For more information about Export Control, visit <https://www.research.fsu.edu/research-compliance/export-controls/>.

This questionnaire must be answered by the faculty member sponsoring the visa applicant/beneficiary, and may not be delegated to another individual acting on his or her behalf.

Faculty/Sponsor Information		H-1B Employee Information
Name:		Name:
Department:		Proposed Job Title:
Phone:	Email:	Country of Citizenship

1. Will the H-1B Employee participate in sponsored research?  Yes  No If Yes, please answer the following questions:

A. FSU Principal Investigator Name: \_\_\_\_\_ OMNI or FSURF Project ID: \_\_\_\_\_

Sponsoring Agency Name: \_\_\_\_\_

B. Is the sponsored research funded in whole or part by DoD, NASA, or defense industry sponsor(s)?  Yes  No

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

2. Please specify the types of research in which the H-1B Employee will be involved:

[Basic](#)  [Applied](#)  [Development](#)

3. Will the H-1B Employee be provided access to any ongoing DoD, NASA or defense industry research or research results?

Yes  No

4. Is there any reason why the research results cannot be published or taught in an official FSU course or otherwise shared with the interested public (e.g., intellectual property issues, contractual restrictions, or proprietary/confidential data)?

Yes  No

5. Will the H-1B Employee be provided access to any controlled technical data or technology<sup>1</sup> (hardware or software) furnished to FSU that is proprietary or confidential to a sponsor or third party?

Yes  No

6. Will the H-1B Employee be provided access to any controlled FSU-owned technical data or technology<sup>1</sup> (hardware or software) that is considered proprietary or confidential to FSU?

Yes  No

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<sup>1</sup> The technology and technical data that are controlled for release to foreign persons are identified on the [EAR’s Commerce Control List \(CCL\)](#) and the [ITAR’s U.S. Munitions List \(USML\)](#). Items subject to the EAR include purely civilian items, items with both civil and military, terrorism or potential WMD-related applications, and items that are exclusively used for military applications but that do not warrant control under the International Traffic in Arms Regulations. The ITAR-controlled technical data on the USML relate to defense articles and defense services.

7. Will the H-1B Employee 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
8. Will the H-1B Employee be exposed to encryption software source code, or otherwise involved in the design, development, or production of encryption software?  
 Yes  No
9. Will the H-1B Employee be involved in research associated with select agents, pathogens, or toxins?  
 Yes  No
10. The routine "use" of controlled equipment by foreign nationals (e.g., using it in the ordinary way specified in the user manual, in such a manner that does not disclose technical information about the equipment beyond what is publicly available) does not require a license. However, a license may be required if a foreign national is "using" the equipment in such a way as to access technical information beyond what is publicly available (for example, accessing the source code of software or modifying a piece of equipment in such a way as to gain non-publicly available technical information about its design.) Will the H-1B Employee be using any equipment beyond routine use?  
 Yes  No
11. Specify all labs, institutes, and centers the H-1B Employee will visit or work in while at FSU.
12. Will the H-1B Employee be working with materials obtained under a Materials Transfer Agreement (MTA)?  
 Yes  No
13. Will the H-1B Employee be working with information controlled by a Non-Disclosure Agreement (NDA)?  
 Yes  No

**If any of the above questions were answered "Yes", the faculty/sponsor will be contacted by ORCP for additional information.**

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#### Faculty/Sponsor Attestation

I attest that, to the best of my knowledge and ability, I have truthfully answered all of the above questions. I have full knowledge of the scope of research work of the applicant. I agree to notify the Center for Global Engagement at least 30 days in advance of any change to the applicant's employment that would require modifying any of the answers above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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#### For use only by ORCP:

- A license is not required.
- A license is required from the US Dept. of Commerce and/or the US Dept. of State to release such technology or technical data to the beneficiary, and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

\_\_\_\_\_  
Diana Key, Director  
Office of Research Compliance Programs

\_\_\_\_\_  
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).

