



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, Part II, and Part III)

RAMP Approval

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 forms I-539 and I-539A (if applicable) (visitor's spouse and/or children, if applicable) and copies current I-94 and any new visas. The I-539 should be filled 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). I-539 filing fee (if applicable made out to U.S. Department of Homeland Security. Employee is responsible for this fee.

Diploma and transcripts

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 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/>) Center for Global Engagement 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. 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.



FLORIDA STATE UNIVERSITY
CENTER FOR GLOBAL ENGAGEMENT

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)

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

☐ \$370 fee for I-539 and I-539A (if applicable) (does not include employee), made out to U.S. Department of Homeland Security Copies of passports, I-94s, visas

☐ *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.*

The I-539 should be filled by the spouse of the H-1B beneficiary and the I-539A by any other dependent.

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)

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



FLORIDA STATE UNIVERSITY
CENTER FOR GLOBAL ENGAGEMENT

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)

☐ Premium - 15 days (\$460 application fee plus additional, separate check for \$2500)

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)

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.

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- 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 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.

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.***

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: _____ (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
- qualifications
- education
- job responsibility/supervision
- specialized knowledge/skills
- publications
- other objective business-related criteria

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).

SAMPLE WORKSHEET

To determine if you are offering at least the actual wage to the potential H-1B employee, please fill out the chart above, 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.

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

[illegible]