



International Student & Scholar Services
 1 Old Dominion University
 Norfolk, VA, USA 23529
 T: 757.683.4756, F: 757.683.6198
 www.odu.edu/iss, intlstu@odu.edu

H-1B Application *Employer Portion*

Employer Checklist

In order to begin the application process, **all** of the following items must be sent to International Student & Scholar Services. For questions concerning the H-1B process, please contact <intlstu@odu.edu>.

PLEASE DO NOT STAPLE ITEMS TOGETHER.

- H-1B Application for Employers (We ask that this be filled out online to ensure accurate processing.)
- H-1B Actual Wage Form (We ask that this be filled out online to ensure accurate processing.)
- ISSS Fee of \$750 transferred to 11N30-3776 (see Employer Portion form of the application packet for exemptions); IDT to be initiated by requesting department
- Immigration fees in the form of **separate** checks made out to "U.S. Citizenship & Immigration Services"; see amounts below. When requesting the checks, you should submit a copy of the *H-1B Application for Employers* and the Fee Documentation (provided in the application packet) to the Office of Finance.
 - \$320 (Immigration form processing fee)
 - \$500 (one-time "anti-fraud" fee paid to Immigration)
 - \$1000 (if Premium Processing is requested by department or employee)
- **For STAFF Positions:** EWP and copy of job announcement including education and work experience requirements
- **For FACULTY Positions:** Departmental letter on letterhead requesting H-1B classification (see example provided in application packet)
- **For ODURF-funded Positions:** An offer letter is also needed from Alan Bohache (abohache@odu.edu, 683-4293, ext. 200) in ODURF
- A separate list of required documentation needed from the employee is provided in the Employee Portion. That documentation should be submitted together with departmental paperwork.



Please note the following **processing time estimates** that apply to H-1B visa applications:

- ◆ Regular Processing
 - ISSS: 8 weeks
 - Immigration: 4-4½ months
 - TOTAL: 18 weeks or 4½ months
- ◆ Premium Processing (requires additional \$1000 fee to be paid to Immigration):
 - ISSS: 6 weeks
 - Immigration: 15 business days
 - TOTAL: 9 weeks or 2½ months



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H-1B Application Employer Portion

Employing Department Data—Information about Faculty Member or Department Chair

Department Chair or Employing Faculty Last Name _____ First Name _____

Title/Position _____ Department _____

Phone _____ Fax _____ E-Mail _____

Departments need to be aware of the following items when requesting an H-1B visa for a prospective employee. Please **read and initial** each item, indicating that you understand the requirements and sign at the bottom.

- Request employment only for a period in which you currently have funding (call ISSS for more information, if needed).
- Maximum initial period of employment is 3 full years and the status may be renewed for an aggregate total of 6 full years.
- The prospective employee cannot begin employment or volunteer in the position until the H-1B approval or transfer has been received.
- If you plan to extend the period of employment, please contact the office 4 months in advance of the expiration date.
- Should you need to terminate an employee **PRIOR** to the period of stay requested due to lack of funds or poor performance, **the department will be responsible for the individual's return transportation to his/her home country.**

Signature of Employing Faculty Member/Department Chair

Date

Name of Office Manager/Fiscal Tech: _____ Phone _____ E-Mail _____

Additional Items To Be Submitted

Documentation of Position

- Staff Positions:** EWP and complete copy of job announcement that includes minimal educational and work experience required for position
- Faculty Positions:** Departmental letter on behalf of employee (an example is included in the packet); if the position is funded by ODURF (partly or fully), a letter is also needed from Alan Bohache in ODURF

Immigration Processing Fees—each check must be separate and made out to U.S.

Citizenship & Immigration Services

- Check for **\$320** for regular processing of I-129 (approx. 3 months)
- Check for **\$500** for anti-fraud fee; **not applicable for extension requests**
- Check for **\$1,000** for Premium Processing of application fee, if desired

ISSS Processing Fee: \$750

- ~~Exempt, as position is tenure track~~
- Paid by transfer to account 11N30-3776 and IDT has been initiated by requesting department
- Check is being processed and will be forwarded as soon as possible

Job/Employee Information

Employee Name _____

Current E-Mail Address & Phone _____

Official Job Title _____

Brief non-technical job description _____

Department address: _____

Full address where employee will **physically** complete work _____

Is this a full-time position? Yes No If **no**, number of hours per week _____

Actual wages \$ _____ Is the rate of pay hourly? Yes No

Will employee receive ODU/ODURF benefits? Yes No

Will this position supervise any full-time employees? Yes No If **yes**, how many? _____

Dates of intended employment as H-1B: From ___/___/___ To ___/___/___ (M/D/Y)

Minimum degree & field of study required for this position: _____

Experience required for **position** _____ yrs. (not the # of years employee has worked in this position)

Is additional training needed to perform this job outside of degree training?

Yes No If **yes**, what type? _____

Is this an entry-level position? Yes No If **no**, years of experience **required** _____

Is employee currently employed at ODU/ODURF in this position? Yes No

If **yes**, years in current position ____ Position is funded by: ODU ODURF Both

Is the work schedule the same as similarly employed individuals? Yes No

Is this position a Temporary Worker as defined by ODU/ODURF? Yes No

Will this person's employment negatively affect American workers in the department? Yes No

Please retain a copy of this form, as it is required when requesting the checks mentioned above.



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H-1B Actual Wage Form *Employer Portion*

As per Department of Labor regulations, the following information must be available for public examination. Please keep a copy of this form with salary information of similarly employed individuals.

Applicant's Name _____

College/Department _____

Applicant's Title _____

Applicant's Salary and Salary Source _____

Please check which of the following factors were considered when determining salary:

- | | |
|--|---|
| <input type="radio"/> Education | <input type="radio"/> Level of responsibility/supervision |
| <input type="radio"/> Experience | <input type="radio"/> Publications |
| <input type="radio"/> Skills/specialized knowledge | <input type="radio"/> Other objective business-related criteria |
| <input type="radio"/> Licenses/certifications | |

I hereby certify that the salary listed above reflects the wage level paid to all other individuals with similar experience and qualifications working in this school/department. If there is more than one wage paid to employees, I am able to explain the reason(s) for the differential in wage rates. If required to do so, I am able to provide documentation (which must include names and payroll records of similarly employed individuals) to the Department of Labor to verify these statements.

 Signature of Department Chair, Dean or
 Faculty Having Hiring Authority

 Date

 Name

 Title

Old Dominion UNIVERSITY

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SAMPLE H-1B DEPARTMENTAL LETTER (should be on letterhead and not longer than one page)

Date

U.S. Citizenship & Immigration Services
California Service Center
ATTN: CAP EXEMPT H-1B Processing Unit
P.O. BOX 30040
Laguna Niguel, CA 92607-3004

Subject: Employment in H-1B Classification

To Whom It May Concern,

We would like to request an H-1B classification for ***Dr. John Doe*** as a ***Postdoctoral Research Associate/Professor, etc.***, in the field of ***Biochemistry***. ***Dr. Doe*** will be ***conducting research / teaching in*** _____ ***(brief, non-technical description of activities and duties)***.

[Describe briefly the knowledge and skills needed by an individual to carry out this position.]

Dr. Doe's position is currently funded until ***MM/YYYY*** and the salary is ***\$___ per year***. The dates of employment for which we are requesting the H-1B classification are ***MM/DD/YYYY*** until ***MM/DD/YYYY***.

Sincerely,

Department Head



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H-1B Application *Employee Portion*

Employee Checklist

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PLEASE DO NOT STAPLE ANYTHING YOU SUBMIT!

- H-1B Data Sheet
- Copies of all current and previous Immigration and State Department forms
 - **H status:** *current and previous I-797 forms*
 - **F status:** *all I-20s issued and EAD card(s) for OPT, if applicable*
 - **J-1 status:** *all IAP-66s and DS-2019s, letters authorizing Academic Training and waiver of the 2-year home residency requirement, if applicable*
 - **J-2 status:** *include copies of any EAD cards*
- List of all periods during which you have been employed in the US; the following information should be included for each period of employment (including assistantships and any on-campus employment):
 - *visa classification*
 - *exact dates*
 - *employer's name*
 - *job title*
 - *do **not** include description of duties*
- Copy of Résumé or CV
- Copy of most recent signed contract or EWP
- Copies of documentation of highest degree earned
 - *A copy of the diploma (or, if the diploma has not yet been received, a copy of a final transcript verifying that the degree has been awarded must accompany the application submitted to USCIS; it is not sufficient to show that all classes have been completed.*
 - *If your degree was earned outside of the U.S., you must obtain a credential evaluation, which must be submitted to verify to Immigration that your degree is equivalent to one awarded in the U.S. at that same level. You may not do the comparison yourself or have it done by a colleague. The evaluation must be done by a reputable organization. Contact ISSS for more information.*
- Copies of the following documentation (please do not crop or alter scans/photocopies):
 - *front and back of the I-94—be sure the copy clearly shows the red stamp*
 - *pages in your passport showing your name, date of birth, etc.; most recent visa stamp; and the expiration date of your passport*
- For individuals transferring ("porting") their H-1B status from another employer:
 - *pay stubs from the last two months of your employ*

Dependents

If the applicant's dependents are currently **in the US**, please submit all of the following items for each dependent when you bring yours to our office as all applications will need to be forwarded to Immigration at the same time. The following items are required for each dependent so that we may assist in compiling their applications:

- *I-539 (available on ISSS' web site)*
- *copies of **both sides** of the I-94 card*
- *copy of current visa stamp*
- *letter from the H-1B applicant verifying his/her ability to support all dependents while they are in the U.S.*
- *copy of passport identification page(s)*
- *copy of passport expiration date page*
- *check for \$300 to Department of Homeland Security*

If the applicant is coming directly from overseas, no additional immigration documents will be needed for dependents to obtain a visa to accompany them.



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H-1B Data Sheet

Employee Portion

Employee Data

Family Name _____

First Name _____

Middle Name (if any) _____

Birth date ____/____/____ (MM/DD/YYYY)

Country of Birth _____

Province of Birth _____

Country of Citizenship _____

SS#: _____ A# _____

Daytime Phone # _____

Other Phone #(s) _____

E-Mail _____

Foreign Address _____

U.S. Embassy or Consulate Where You Would Apply
 for a Visa (should it be required by Immigration)

City & Country _____

Passport # _____

Passport Date of Issue _____

Passport Date of Expiration _____

Has your department or anyone else ever filed an
 immigrant petition (I-140) for you? Yes No

If you are a new employee, have you...
 ever been in H-1B status? Yes No
 ever been denied H-1B status? Yes No

Purpose of Request

Specify basis for classification and requested action:

- Outside the US and need to obtain H-1B Visa at a US Consulate.
- In the U.S. in another lawful status and need to change visa status.
- Currently in H-1B status at ODU and need to extend or amend stay. Receipt #: _____
- Currently in H-1B status at another institution and need to amend stay. Receipt #: _____

Current Status

Are you currently in the U.S.? Yes No

If **yes**, please complete the following:

Current Address _____

Most recent entry into US (M/D/Y) ____/____/____

I-94# _____

Current Visa Status _____

Expires on (M/D/Y) ____/____/____

If currently on Optional Practical Training, when does the EAD card expire? _____

If currently on Academic Training, when does the permission to work expire? _____

If **currently** or **previously** in J status, is there a two-year home residency (212e)? Yes No

- If **yes**, has a waiver of this requirement been obtained? Yes No

Are applications by dependents being filed with this petition? Yes No If yes, how many? _____

Other Relevant Information

Periods of stay in H status (including H-4) in the U.S.
 (month and year):

For each dependent, please provide a separate sheet of paper with the following information:

- name as it appears in passport
- start and end dates (minimum month and year) of each prior period of H-1 or H-4 status in the US

Educational Background Information

Academic degrees that have been obtained:

- Bachelors Masters Doctorate

Country Where Highest Degree Was Obtained

If in the U.S., please provide institution's name and address:

Date Degree Awarded _____

Field of Study _____