

Winston-Salem State University
H-1B Petition Processing Guidelines and Procedures

H-1B PETITION REQUEST FORM

The following information is to be completed by the hiring department. Please keep a copy for departmental records. Please submit this form and all required documents on Checklist to the Office for Faculty Affairs for review and approval. The petition is employer-based and the beneficiary is prohibited from handling the petition documents and processes. H-1B sponsorship through Winston-Salem State University is for **full-time faculty** employment only.

IMPORTANT: Please complete all areas of this form. Incomplete forms or those missing supportive documentation will not be processed and will be returned to the hiring department. To avoid a delay with processing this request, all information and documentation must be received 6 months in advance of the start date.

SECTION 1: SPONSORING (HIRING) DEPARTMENT INFORMATION (PLEASE TYPE OR PRINT)

SPONSORING DEPARTMENT:

Name: _____
Title: _____
Campus Address: _____
E-Mail Address: _____ Campus Phone & Extension: _____

SECTION 2: H-1B PETITION APPLICATION TYPE

Select Type: Initial H-1B Petition (includes transfers) *(Select/Specify CHANGE OF STATUS if applicable to initial application.)*
 Extension of Approved H-1B Petition
 Amend Current Approved H-1B Petition
 Change of Status to H-1B from _____

SECTION 3: EMPLOYEE INFORMATION

Name of H-1B Beneficiary: _____
Last (Surname) First Middle

Is the H-1B Beneficiary currently in the U.S.? NO YES

If "yes", state current visa status in the U.S.: _____ Expiration Date of Current Status: _____

If current WSSU employee, list Banner ID #: _____

Name of H-1B Beneficiary's supervisor: _____

Title of H-1B Beneficiary's supervisor: _____

Will the H-1B Beneficiary supervise other employees? NO YES If "yes", how many? _____

State the hours of work required per week: _____

Is overtime required? NO YES If "yes", specify the number of hours per week required: _____

State the daily work schedule (e.g. 9am to 5pm, 7am to 11am, and/or 4pm to 8pm): _____

REQUESTED DATES for H-1B EMPLOYMENT: From _____ To _____
(mm/dd/yyyy) (mm/dd/yyyy)

- Note: The employment period cannot be longer than the approved period of employment consistent with:
- the maximum term of employment per contract, reappointment, etc. per University regulations;
 - the maximum number of months/years for which funds (State and/or Grant) are currently approved;
 - the maximum number of eligible months/years remaining for the beneficiary in this non-immigrant status.

SECTION 4: H-1B EMPLOYMENT LOCATION (list all worksites where the employee will be working)

Will the H-1B Beneficiary work be performed at multiple worksites within an area on-campus and/or off-campus?*
 NO YES If Yes, please provide all applicable worksite addresses below.

➤ Note: On-campus worksites reference 601 S. MLK, Jr. Drive, Winston-Salem, NC 27110, as primary address with building name and office number. Off-campus worksites are considered those worksites with a different physical address other than 601 S. MLK, Jr. Drive, Winston-Salem, NC 27110.

List all on-campus worksites (i.e. building and room/lab #):

Building Name Room / Lab #

List all authorized "off campus" sites (if applicable), please give complete address:

Name of Location	Street Name and Number	City	State	Zip Code

*If necessary, submit an attachment to continue and complete a listing of all anticipated worksites.

If the H-1B Beneficiary will have multiple worksites, please attach an outlined itinerary of dates and places of assignment.

Regulatory guidelines require that employers (petitioners) submit an itinerary that shows the dates and places of assignment if the H-1B Beneficiary will be providing services at more than one worksite location. In addition, it is a federal violation not to notate all worksites as applicable.

SECTION 5: POSITION FUNDING

Salary: \$ _____ per - month year course If by course, specify number of courses: _____

How is this position funded? State-Funded Grant-Funded Both - State/Grant-Funded

If use of grant funds, please specify the following:

Name of Grant: _____

Grant Authorization Period: Start Date: _____ End Date: _____

Does this grant allow employment for non-immigrant visitors? NO YES If yes, see below.

➤ If yes, the grant administrator or principal investigator must provide a written attestation that confirms the grantor/grant terms authorizes the employment of legally admitted non-immigrant visitors in the U.S.

SECTION 6: POSITION INFORMATION

List the Position Title: _____

- Is this employment Temporary or Time Limited? NO YES
- Is this a Permanent Position as defined by the University? NO YES
If yes, list position number: _____

- If this position tenure-track? NO YES
 - Please be reminded that the H-1B temporary work category is time limited (6 years maximum). NOTE: A foreign national hired as a tenure track employee does not guarantee or commit the University to petition for permanent residency based on employment.
 - Will the employee be eligible for WSSU group health insurance and other benefits? NO YES
-If yes, state the "equal dollar" amount of the benefit(s) to be paid by University (REQUIRED) \$ _____
List any additional compensation, if any: _____ Value per week or per year \$ _____

Describe the job duties, in full detail, to be performed by any worker that would fill this job opportunity. This description must be clear and include all related duties applicable. Be sure to specify any equipment to be used and

pertinent working conditions.

(Use additional sheet of paper if more space is needed for *description of duties*.)

Does this position/job require travel? NO YES

If yes, explain the travel requirements: _____

NOTE: If no, be informed that the H-1B Beneficiary will not be eligible to participate in any offsite activities; other than those activities being held at the worksite location(s) stated in Section 4 of this form.

SECTION 7: POSITION RECRUITMENT AND SELECTION

Does this position/job require the completion of the recruitment and selection process as established by University policies and procedural guidelines? NO YES

If "yes", attach copies of all processed and approved HR Employment documents.

SECTION 8: EXPORT CONTROL/CONTROLLED TECHNOLOGY OR TECHNICAL DATA

*Is the H-1B Beneficiary being hired to work on a research project? NO YES

If yes, Name of Research Project: _____

If yes, Name of Research Grantor/Agency: _____

If yes, Name of Research Principal Investigator: _____

Will the H-1B Beneficiary work on a cooperative research and development project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense? NO YES

- If "yes", specify the name of the project(s): _____

*Additional clearance may be required before the University can initiate the H-1B filing process on behalf of the named H-1B Beneficiary.

SECTION 9: POSITION/JOB REQUIREMENTS (READ THIS SECTION CAREFULLY!)

MINIMUM Academic/Training Requirements for Position (please be specific) ***THIS INFORMATION IS REQUIRED TO COMPLETE THE PREVAILING WAGE REQUEST AND FORM I-129 APPLICATION.***

1. **Education:** *minimum U.S. diploma/degree or foreign equivalent degree required*

None High School/GED Associate's Bachelor's Master's Doctorate (PhD) Other degree (JD, MD, etc.)

2. If "Other degree" in question 1, specify the diploma/degree required: _____ Indicate the major(s) and/or field(s) of study required (may list more than one related major and more than one field): _____

3. Does the employer require a second U.S. diploma/degree? NO YES

a. If "YES", indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required: _____

4. Is training for the job required? (E.g. programs, coursework, etc.) NO YES

(Training is not considered to be experience or education.)

a. If "YES", specify the number of **months** of training required: _____

b. Indicate the field(s)/name(s) of training required (may list more than one related field and or type): _____

5. Is employment experience required for the job? NO YES

a. If "YES", specify the number of **months** of experience required: _____

b. Indicate the occupation required: _____

6. **Special Requirements** – List specific skills, licenses/certificates/certifications, and requirements of the job opportunity.
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SECTION 10: DEPARTMENTAL CERTIFICATION OF H-1B REGULATIONS

It is important to understand that this information must be exact for the position/job as established through the University. The H-1B Beneficiary and University can be penalized, if found the information submitted for sponsorship was falsified to gain authorization for employment.

I certify the following:

- The information provided herewith is, to the best of my knowledge, accurate and true.
- The funding for the stated position has been appropriated and is available at the stated salary to support this employment request.
- If the employee is terminated by WSSU prior to the H-1B ending date, the department will pay the reasonable cost of transportation necessary for the employee (this cost does not include transportation expense for spouse and/or any dependents) to return to his/her last place of residence outside the United States.
- If sponsored employee voluntarily ends employment or separates from WSSU before the end date of the approved H-1B period, the department will immediately notify the Provost and Vice Chancellor of Academic Affairs to make proper notifications to USCIS. (In this instance, the department is not responsible for airfare expense.)
- I understand that the department cannot make any changes to the petition once submitted to USCIS and must communicate intentions to change provisions to the Division of Human Resources immediately so that a new labor Condition Application and H-1B petition can be filed reflecting said changes. This includes but is not limited to:
 - Promotion or other change in job title/classification
 - Changes in job duties or responsibilities as certified
 - Decrease/Increase in salary or benefits as certified
 - Change in worksite location(s) as certified

Department Chair (please print name)

Signature

Date

I have discussed the provisions of this application with the petition requestor and all responsible parties (hiring department) as well as approve the H-1B Request as documented. *(Approval signatures required by all administrators listed below.)*

Dean/Vice Chancellor (please print name)

Signature

Date

Assistant Provost Faculty Affairs (please print name)

Signature

Date

Provost (please print name)

Signature

Date

H-1B PETITION CHECKLIST

PLEASE PROVIDE AND PROPERLY LABEL THE FOLLOWING DOCUMENTS TO SUPPORT THE PETITION. All official documents must be in English, or must include an official English translation.

Full Name of new employee: _____

_____ Completed and fully signed H-1B Petition Request Form

_____ Copy of signed WSSU letter of appointment/offer with contingency clause indicating dates of appointment, and salary

_____ Copy of Vacancy Notice advertised in a national publication

_____ Copy of Actual Wage Determination Form

_____ Copy of current and expired passport with **legible** visa stamp(s), photo and date of birth, stamped date(s) of entry into US and current I-94 card

_____ List of all time spent in the US and Copies of all visa notices of receipts, approvals or denials

- If you have been in the US in H-1B, L-1, O-1, or any other classification other than student, please send CLEAR, LEGIBLE copies of any USCIS Form I-797, Notice of Action ever issued to you.
- If you have in the US before as a student or exchange visitor, please send CLEAR, LEGIBLE copies of all IAP 66, DS-2019, or I-20 Forms issued to you.
- If you have filed a Form I-140 Petition, any I-797 Notice of Action related to it (if applicable).
- If you have been in the US in H-1B, L-1, O-1, or any other classification other than student, please send CLEAR, LEGIBLE copies of any USCIS Form I-797, Notice of Action ever issued to you.
- If F-1 w/ Employment Authorization Document (EAD) for OPT, provide copy of EAD and Form I-20

_____ Copy of social security card

_____ Copy of 3 most recent pay stubs and W-2 form from most recent US employer

_____ Copy of most recent resume/curriculum vitae with current address and contact information

_____ The location of a US Consulate or Port of Entry at which applicant would apply for a visa if exiting or entering the US on a separate sheet of paper

_____ Copies of your highest awarded degree

- If NON-US Degree, a degree evaluation by an accredited US credentials evaluation service is required. If Masters or Ph.D. is from a U.S. institution, then this evaluation is not required.