International Student & Scholar Services
1 Old Dominion University
Norfolk, VA, USA 23529
T: 757.683.4756, F: 757.683.6198
www.odu.edu/isss, 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 (filled out online)
- H-1B Actual Wage Form (filled out online)
- ISSS Fee of $750 transferred to 1IN30-3776; 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* (page 2 of this application packet) to the Office of Finance.
  - $325 (Immigration form processing fee)
  - $500 (one-time "anti-fraud" fee paid to Immigration)
  - $1225 (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) *and* official HR 2000 position description
- **For ODURF-funded Positions:** An offer letter is also needed from HR in ODURF (757.683.4293)
- 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: 6 weeks
  - Immigration: 2½-3 months
  - **TOTAL: 18 weeks or 4½ months**
- Premium Processing (requires additional $1225 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 HR in ODURF

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

- Check for **$325** for regular processing of I-129 (approx. 4 months)
- Check for **$500** for anti-fraud fee; **not applicable for extension requests**
- Check for **$1,225** for Premium Processing of application fee, if desired

ISSS Processing Fee: $750

- Paid by transfer to account 1IN30-3776 and IDT has been initiated by requesting department
- Check is being processed and will be forwarded as soon as possible
- Exempt; this is an extension of a current position

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

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

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

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

Date

Department of Homeland Security
U.S. Citizenship & Immigration Services
Vermont Service Center
St. Albans, VT 05479

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

Old Dominion University is an equal opportunity, affirmative action institution.

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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:

- ☐ Education
- ☐ Experience
- ☐ Skills/specialized knowledge
- ☐ Licenses/certifications
- ☐ Level of responsibility/supervision
- ☐ Publications
- ☐ Other objective business-related criteria

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

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Deemed Export Form

With respect to the technology or technical data that ODU/ODURF will release or otherwise provide access to the employee, _____, the department certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that (check one):

☐ A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical date to the foreign person;

OR

☐ A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the employee and the institution will prevent access to the controlled technology or technical data by the employee until and unless the University has receied the required license or other authorization to release it to the employee.

By signing below, you certify that the information you have provided is true and correct to the best of your knowledge. This signature also authorizes ISSS to release any information pertaining to this application or any information from the institution's records that U.S. Citizenship & Immigration Services (USCIS) may need in order to determine the employee's eligibility for the authorization being sought. It is recognized and acknowledged that USCIS has authorization to conduct audies of this application using publicly available, open source information. It is also recognized that supporting evidence submitted may be verified by USCIS through any means determined appropriate by USCIS, including—but not limited to—on-site compliance reviews.

_____ _____
Hiring Supervisor/Faculty Member Date

_____ _____
Department Chair Date

_____ _____
College Dean/Vice President Date

For more information on EAR and ITAR and how they relate to universities, please visit our referenced informational page. (http://david-ware.com/immigration-information/export-compliance-during-visa-application-process-new-i-129-form-and-its-imp)

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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—Employee Portion (next page in this application packet)
- ○ Copies of all current and previous Immigration and State Department forms
  - o ***H status***: *current and previous I-797 forms*
  - o ***F status***: *all I-20s issued and EAD card(s) for OPT, if applicable*
  - o ***J-1 status***: *all DS-2019s, letters authorizing Academic Training and waiver of the 2-year home residency requirement, if applicable*
  - o ***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*
  - *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") or extending their H-1B from another employer:
  - *pay stubs from the last two months of your employ, as well as your W-2*

Dependents

The H-1B visa holder is responsible for handling the forms and documentation for his/her dependents. If your dependents are currently **in the US**, we will be happy to add their change of status in the envelope with your paperwork. You will need to submit the following required items for each dependent:

- *I-539 (available on ISSS' web site)*
- *copies of* ***both sides*** *of the I-94 card*
- *copy of current visa stamp*
- *copy of passport identification page(s)*
- *copy of passport expiration date page*
- *check for $290 to "USCIS"*
- *letter from the H-1B applicant verifying his/her ability to support all dependents while they are in the U.S.*

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#:_____
Daytime Phone # _____
Other Phone #(s) _____
E-Mail _____
Foreign Address _____

_____

_____

Are you currently in the U.S.? ◯Yes ◯No
If **yes**, current address _____

_____

If deemed necessary by Immigration, which U.S. consulate would you go to to apply for a visa?
City & Country _____
Passport # _____
Passport Issue Date _____
Passport Expiration Date _____
Has anyone (incl. your department) 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

Purpose of Request

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

Current Status

Most recent entry into US _____ _____ _____ (M/D/Y)
I-94# ___ _____
Current Visa _____ Expires on ___ ____ ____ (M/D/Y)
If currently an F-1:

- what is your SEVIS ID#? N_____
- and on OPT:
  - EAD expiration date?_____(M/D/Y)
  - A# on your EAD? _____

If a J-1 currently on Academic Training, when does your work permission expire?_____ (M/D/Y)

If **ever** in J status, was/is there a two-year home residency (212e)? ◯Yes ◯No

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

Provide **ALL** dates when you have held J visa status:

_____

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

Do you plan to travel outside the U.S. in the next six months? If yes, when? _____

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 _____