

H-1B EXTENSION REQUEST PACKET

Checklist and Cover Letter

DATE RECEIVED BY UBIS:

Please include all of the items noted below, including this "Checklist and Cover Sheet," (pages 1 and 2) as part of your H-1B Request Packet. **Failure to provide** UB Immigration Services, 1Capen, North Campus with all of the following **items at least 6 months before the proposed H-1B start date** could jeopardize the success of your petition or delay its processing.

1. Completed H-1B Questionnaire
2. Copy of email sent to Mr. Richard Karalus (ovpr.exportcontrols@research.buffalo.edu) evidencing submission of completed Deemed Export Controls Attestation to Office of Vice President for research
3. Support Letter on **University departmental letter** head requesting that an H-1B petition be approved by USCIS (see sample on website). Please note that the letter must specify:
 - Duties and responsibilities of the position
 - Salary offered
 - Dates of employment desired
 - Required qualifications of the position
 - How the individual meets those requirements
 - Promise to pay return transportation if employee is dismissed from employment before status ends
4. Copy of the individual's degree/s, diploma/s, certificate/s or a letter from the school indicating that s/he has the required education. If the document is not in English, it must be accompanied by an English translation.
5. If work experience is required for the position, documentation (e.g., letters from former employers) that the individual has the required experience
6. Copy of the individual's CV or resume
7. Copy of the all I-797 Approval Notices relating to the individual's current H-1B status

8. Copies of documents relating to the individual's last entry into the United States:

- A copy of both sides of the I-94 Arrival/Departure Record (if entered by land) or available at: www.cbp.gov/I94.
- A copy of the biographic page of the passport used to enter the United States (*If the passport has expired, please provide evidence of the passport's extension or the biographic page of a new passport*)
- A copy of the U.S. visa used to enter the United States (stamped page in passport)
- Copies of all approval notices and status documents such as, but not limited to, I-797's, I-20's and DS-2019's

9. Copies of all of the individual's paystubs since acquiring H-1B status.

10. Copy of the individual's Social Security Card

11. U.S. Citizenship & Immigration Services ("USCIS") Filing Fees:* Check (or money order) drawn on a bank located in the U.S. **payable to "U.S. Department of Homeland Security"** in the amount of:

\$460 USCIS filing fee

Note: The \$460 I-129 Filing fee must be paid by the employer and must be drawn on an employer's account.

Additional \$1,410 if "Premium Processing" by USCIS is desired. (With Premium Processing, the USCIS will process the H-1B petition within 15 to 30 calendar days of its receipt. Premium Processing does not expedite U.S. Department of Labor or U.S. Immigration Services processing) (separate check)

Copy(ies) of Disbursement Request form(s), if USCIS filing fee check(s) are not included with H-1B request

12. Actual Wage Form (completed and signed)

13. Certification and Fee Agreement (completed and signed)

If Filing for DEPENDENT/S ALREADY IN THE U.S.

A. Completed Dependent Questionnaire

B. For dependent/s in the U.S. ONLY:

- A copy of both sides of the I-94 Arrival/Departure Record (if entered by land) stapled to the passport. Also available at: www.cbp.gov/I94.
- A copy of the biographic page of the passport used to enter the United States (*If the passport has expired, please provide evidence of the passport's extension or the biographic page of a new passport*)
- A copy of the U.S. visa used to enter the United States (stamped page in passport)
- Copy of Form I-797 Approval Notice, if in the U.S. in H-4 status

C. USCIS Filing Fee:* Check (or money order) drawn on a bank located in the U.S. payable to **“yODepartment of Homeland Security”** in the amount of \$370 (separate check)

PLEASE NOTE: *To qualify for H-1B status, the position must require at least a Bachelor's degree. Please verify with the appropriate Human Resource Services office that the position for which you are hiring requires at least a Bachelor's degree.*

H-1B EXTENSION QUESTIONNAIRE

(To be completed by the employing department or project director)

ABOUT THE EMPLOYEE:

Name:

Last/Family	First	Middle
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Date of birth: ____/____/____ U.S. Social Security #: ____-____-____
MM DD YY

Country of birth: _____ Province of birth: _____

Country of citizenship: _____

Residence address in the U.S. _____

(Please note that the USCIS and Immigration Services must be notified within 10 days of a change of residence address)

Telephone numbers: _____ (home) _____ (work)

E-mail address: _____

Most recent residence address in home country:

Street Address

City State/Province Postal Code Country

IMMIGRATION HISTORY:

Expiration date of current status: ____/____/____
MM DD YY

Prior periods in H-1B status:

Employer	Receipt Number	From	To	Salary per year
Employer	Receipt Number	From	To	Salary per year

Within the past 7 years, has the individual been denied:

- H-1B status? Yes No
- H-1B visa? Yes No

Has the individual ever been granted J-1 or J-2 status? Yes No
If yes, was the individual subject to the two-year home residency requirement?

Has the individual ever been granted another immigration status? Yes No
If yes, please provide details _____

Note:

The information requested below is a required field on the H-1B petition. It must be completed whether the employee is in the U.S. or not and whether or not the individual intends to apply for an H-1B visa.

Choice of U.S. Consulate or Embassy abroad:

City: _____ Country: _____ Border Post (*Canadians Only*):

Reminder:

The H-1B petition cannot be filed without all of the above information.

DEPENDENTS IN THE UNITED STATES:

If the individual is in the United States with spouse and/or child/ren, please indicate:

<u>Name</u>	<u>Date of Birth</u>	<u>Country of Birth</u>	<u>Immigration Status</u>	<u>Relationship</u>

ABOUT THE POSITION AT UB:

Time period for which individual seeking H-1B status (maximum of **3 years** per request, e.g. 6/1/04-5/31/07):

From: ____/____/____
MM DD YY

To: ____/____/____
MM DD YY

Employing Department: _____ Payroll Title: _____

Supervising Faculty Member's Name and Title: _____

Department Phone #: _____ Faculty Member's E-mail Address: _____

Other Contact Person's Name and Title: _____

Other Contact Person's E-mail Address: _____

Other Contact Person's Phone #: _____

Address(es) where work is to be performed: _____

Position is: Full-time Part-time (____ hours per week)

If position is part-time, please provide the name, address, dates of employment, hours of employment per week, title and salary of concurrent employer/s.

Salary \$ _____ per _____

(Please specify the salary the individual will be paid. Use an hourly salary if the position is part-time.)

Appointment: State University of New York at Buffalo
 Research Foundation of State University of New York
 UB Foundation Activities, Inc.
 UB Foundation Services, Inc.

Travel Acknowledgement Statement:

I _____ (beneficiary) understand that I am responsible for informing UB immigration Services (UBIS) of any travel plans while my H-1B petition is being processed by UBIS. I further acknowledge that if I am not physically present in the U.S. when USCIS receives the H-1B petition, I am no longer eligible for an extension of stay. The following are my tentative travel plans, and if they change, I will inform UBIS immediately. (attach extra page(s) if additional space is needed)

Travel Plans:

1. _____ To _____
(mm/dd/yyyy) (mm/dd/yyyy)
Departure from U.S. Arrival to U.S.

2. _____ To _____
(mm/dd/yyyy) (mm/dd/yyyy)
Departure from U.S. Arrival to U.S.

3. _____ To _____
(mm/dd/yyyy) (mm/dd/yyyy)
Departure from U.S. Arrival to U.S.

Beneficiary signature

Date



University at Buffalo
The State University of New York
Office of International Education
 Immigration Services

**REQUEST FOR ACTUAL WAGE DATA
 FOR
 LABOR CONDITION APPLICATION**

To: **UB Immigration Services**
 Labor Condition Application File for _____
 Employee's name

From: _____
 Department/School/Center

Subject: _____
 Position Title

Date: _____

In the Department/School/Center of _____ the minimum starting salary is _____ and the maximum starting salary is _____. There are _____ other employees in the Department/School/Center of _____ with the job title and duties of _____.

Within this range, an individual salary is determined by taking into consideration various factors, specifically (check all that apply):

- Years of experience in this field
- Level of formal education
- Level of independence involved in research
- Importance of research and monetary value of grant
- Knowledge of specialized techniques
- Number of employees supervised
- Other (please enumerate)

 Signature of Supervisor

 Supervisor Name & Title



University at Buffalo
The State University of New York
Office of International Education
 Immigration Services

**.....H-1B 9LH9BG-CB PETITION
 CERTIFICATION AND FEE AGREEMENT**

(Please Complete and Submit to UB Immigration Services, 1Capen)

► DEPARTMENTAL CERTIFICATION:

*I HEREBY CERTIFY THAT I SUPPORT THE FILING OF AN H-1B PETITION ON BEHALF OF THE INTERNATIONAL EMPLOYEE BEING SPONSORED BY THE UNIVERSITY AT BUFFALO OR RESEARCH FOUNDATION AND THAT THE DEPARTMENT WILL PAY THE **SERVICE FEE OF \$1,()\$** FOR THE INTERNATIONAL EMPLOYEE. I ALSO UNDERSTAND THAT IF USCIS SHOULD ISSUE A REQUEST FOR FURTHER EVIDENCE (RFE) AN ADDITIONAL FEE OF \$100 PER HOUR WILL BE APPLIED.*

International Employee
 Being Sponsored for
 H-1B Status: _____

Department: _____

Departmental Address: _____

Phone Number: _____

Chairperson: _____

Signature: _____

Date

► DEPENDENT SERVICE FEE:

The service fee of **\$200** for dependent(s) will be paid by:

Name: _____

Address: _____

Signature: _____

Date

QUESTIONNAIRE FOR H-4 DEPENDENT(S)

FIRST DEPENDENT:

Name _____
Last/Family First Middle

Date of birth: ___/___/___ U.S. Social Security# (if any) ___-___-___

Country of birth: _____ Province of birth: _____

Country of citizenship: _____ Daytime phone #: _____

Residence address in the U.S. _____

(Please note that the USCIS and Immigration Services must be notified within 10 days of a change of residence address)

Most recent residence address in home country:

_____ Street Address

_____ City State/Province Postal Code Country

PASSPORT INFORMATION:

Country of issuance: _____ Expiration date: _____

ARRIVAL INFORMATION:

Date of last arrival: _____ I-94 #: _____

Current status: _____ Expires on: _____

ADDITIONAL INFORMATION:

Answer the following questions. If you answer “Yes” to any question, please explain in the section following the questions.

1. Are you, or any other person included on the application, an applicant for an immigrant visa? Yes No

2. Has an immigrant petition ever been filed for you or for any other person included in this application? Yes No

3. Has a Form I-485, application to Register Permanent Residence or Adjust Status, ever been filed by you or by any other person included in this application? Yes No

4. Have you, or any other person included in this application, ever been arrested or convicted of any criminal offense since last entering the U.S.?
Yes No

5. Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold?
Yes No

6. Are you, or any other person included in this application, now in removal proceedings? Yes No

- If you answered “Yes” to Question 6, give the following information concerning the removal proceedings. **Include the name of the person in removal proceedings and information on jurisdiction, the date the proceedings began and the status of the proceedings.**

7. Have you, or any other person included in this application, been employed in the U.S. since last admitted or granted an extension or change of status? Yes No

Current status: _____ Expires on: _____

ADDITIONAL DEPENDENT:

Name _____
Last/Family First Middle

Date of birth: ___/___/___ U.S. Social Security # (if any) ___-___-_____

Country of birth: _____ Province of birth: _____

Country of citizenship: _____

PASSPORT INFORMATION:

Country of issuance: _____ Expiration date: _____

ARRIVAL INFORMATION:

Date of last arrival: _____ I-94 #: _____

Current status: _____ Expires on: _____

(Please copy this page for additional dependents.)

CERTIFICATE OF TRANSLATION

The undersigned, _____, certifies that s/he is fluent in the _____ and English languages, that s/he made the attached translation from the attached document in the _____ language and, hereby, certifies that the same is a true and complete translation to the best of his/her knowledge, ability and belief.

STATE OF NEW YORK)

) ss

COUNTY OF ERIE)

Subscribed and sworn to before me this _____ day of _____, 20__ .

Notary Public

My Commission Expires: