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

H-1B REQUEST PACKET
Initial/Transferring

Please include all of the items noted below in your H-1B Request Packet. Upon receipt, our office will contact you for supporting documents and necessary information. **Failure to provide** UB Immigration Services, 1Capen, North Campus with all of the requested items **at least 6 months before the proposed H-1B start date** could jeopardize the success of your petition or delay its processing. You may submit your request packet via email or UBBox. If you choose to use UBBox, please be sure to email our office, as we will not begin our review until we receive confirmation the packet is ready.

All representations provided to our office are made under the threat of perjury. When submitting a request, you hold a duty of full disclosure. If you are unsure if any facts have an impact on the case, please contact our office for assistance.

Copy of e-mail sent to Mr. Richard Karalus (exportcontrols@research.buffalo.edu) evidencing submission of completed Deemed Export Controls Attestation to Office of Vice President for Research and Economic Development

A copy of the biographic page in the beneficiary's passport

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

$460 USCIS filing fee

$500 Fraud Prevention and Detection Fee

> **NOTE:** BOTH the $460 I-129 Filing fee and the $500 Fraud Prevention and Detection fee must be paid by the employer and must be drawn on separate employer checks.

Additional $2,805 if "Premium Processing" by USCIS is desired (separate check). With Premium Processing, the USCIS will process the H-1B petition within 15 business days of its receipt. Premium Processing does not expedite U.S. Department of Labor or UB Immigration Services processing. You can check the current processing times of an I-129 application going to the California Service Center at this link: https://egov.uscis.gov/processing-times/.

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

Actual Wage Form (completed and signed)

Certification and Fee Agreement (completed and signed)

CHECK: Are all documents **legible**?   Yes

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

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A copy of the biographic page in the dependent's passport

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

$470 USCIS Filing Fee (one check for all dependents)

INITIAL H-1B QUESTIONNAIRE

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

ABOUT THE POSITION AT UB:

Appointment:

        State University of New York at Buffalo

        Research Foundation of State University of New York

        UB Foundation Activities, Inc.

        UB Foundation Services, Inc.

Employing Department: Payroll Title:

Supervising Faculty Member's Name and Title:

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

Who should we contact with any additional questions on your case?	
Name	
Email	
Phone Number	

All addresses where work is to be performed:

(*Must provide complete and accurate full work address. This information will be provided to the Department of Labor and USCIS. Both agencies have the right to conduct unannounced onsite visits. Attach additional sheets if needed.*)

Will the individual supervise other employees?   No   Yes

    How many?   Titles:

Has a Permanent Residency/Green Card petition ever been filed on behalf of the beneficiary or any dependents included in this request?   No   Yes (*If so, please explain*)

Is the beneficiary currently in the U.S.?   No   Yes (*If so, answer the below*)
        Current Status:
        Expiration date of current status: /   /
                                    MM   DD   YY

REQUIRED FIELD- Choice of U.S. Consulate or Embassy abroad:

City: **Country**:   (*Cannot be in the U.S.*)
Border Post (*Canadians Only*)**:**

NEXT STEPS

Upon receipt and initial processing of this request, we will contact the beneficiary and the listed department contact via email with a link to securely upload additional documentation. To avoid upload errors, please *do not* send these documents with the H-1B request packet. That you may be prepared to provide the electronic documents, please find a list of the requested items below. We will not be able to proceed with your case until we receive **all** of the required items.

- o Copy of the original job posting. **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.*
- o 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 degree for the level of education required in the job posting is from a non-U.S. institution, it must be accompanied by a Credentials Evaluation. If it is from a U.S. institution, it must be accompanied by the university transcript.
- o Draft of the Support Letter requesting that an H-1B petition be approved by USCIS. Our office will review it for legal sufficiency before requesting an original version be sent via campus mail.
- o Copy of the individual's CV or resume
- o A copy of the U.S. visa used to enter the United States (stamped page in passport), if applicable
- o Copies of all approval notices and status documents such as, but not limited to, I-797's, I-20's and DS-2019's
- o If a new appointment, copy of the offer letter or appointment letter issued to the individual. Please also provide any reappointment letters, if the H-1B status extends past the dates outlined in the original offer letter.
- o Previous passports used to enter the U.S., if applicable
- o If already in H-1B status and working for another U.S. employer, a copy of all paystubs received while on H-1B status or complete pay record
- o If currently in J-1 status and subject to the two-year home residency requirement, evidence that the requirement was fulfilled or waived
- o If currently in J-1 status *and being paid by U.B. or related U.B. entity*, a copy of your two most recent paystubs
- o If currently on OPT status, copies of all EAD cards, letter(s) from all employers while on OPT status confirming the dates of employment, title and number of hours worked per week, a letter signed by the beneficiary confirming the number of days s/he was unemployed while on OPT status, and pay records from all employers
- o Copy of the individual's Social Security Card (if applicable)

We will also contact the beneficiary directly with our electronic questionnaire. Please provide the beneficiary's full name and email address on the lines below and notify them that we will not be able to proceed with their case until we receive all of the information requested.

Beneficiary's full name (first name) (last name): _____

Beneficiary's preferred email address: _____

Does the Beneficiary have Dependent(s):   No   Yes   **_____ #of Dependent(s)**
Currently in the U.S?   No   Yes

Travel Acknowledgement Statement
(If prospective employee is already in the U.S. in H-1B or another status):

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 petition, I am no longer eligible for an extension of stay or change of status. 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

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 salary is _____and the maximum 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 INITIAL OR TRANSFERRING PETITION
CERTIFICATION AND FEE AGREEMENT

►**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 $1,910** FOR THE INTERNATIONAL EMPLOYEE. I ALSO UNDERSTAND THAT IF USCIS SHOULD ISSUE A REQUEST FOR FURTHER EVIDENCE (RFE), AN ADDITIONAL FEE OF $135 PER HOUR FOR THIS WORK WILL BE APPLIED AND THE DEPARTMENT WILL PAY FOR IT UPON RECEIPT OF THE RFE BILLING.*

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

Department: _____

Phone Number: _____

Chairperson: _____

Signature: _____ Date:_____

UB Account Information:
Amount of Charge: **$1,910**

UB Account to Charge: _____(account number)

Account Type: (i.e., State, RF, UBF) _____

Printed/Typed Name of Authorized Account Signatory: _____

Account Holder's Department: _____

Contact phone/e-mail of Account Signatory: _____

Authorized Signature: _____

This form will be used to charge the account listed once your H-1B case has been filed. If the account holder or their designee would like to be notified when the account is being charged, please provide the name and e-mail address of the individual.

Printed/Typed Name:_____ E-mail address:_____

DEPENDENTS:

Number of Dependents included in Application: _____ (enter 0 if there are no dependents)

►H-4 DEPENDENT SERVICE FEE:
The service fee for the first dependent is listed below. The service fee for each additional H-4 dependent is charged per additional dependent at the rates listed below

The service fee for the H-4 dependent application can be paid by the Department or Beneficiary. The UBIS service fee for the first dependent will be paid by:

IDI (Department) Rate: $260   or   Credit Card (Beneficiary) Rate: $295^

(select one and complete the applicable column below):

For Department payments:	For Beneficiary (personal) payments:
Amount of Charge: _____$260.00_____	Amount of Charge: _____$295.00^_____
UB Account to Charge for the H-4 Dependent Service fee _____	Printed/Typed Name of individuals to Pay Dependent Service Fee:_____
Printed/Typed Name of Authorized Account Signatory: _____	
Account Holder's Department: _____	Primary Phone/E-mail address:_____
Contact Phone or e-mail of Authorized Account Signatory: _____	Secondary Phone/e-mail address:_____
Authorized Signature: _____	Signature:_____

►ADDITIONAL H-4 DEPENDENT SERVICE FEE:

The service fee for each additional H-4 dependent application can be paid by the Department or Beneficiary. _____ (#) of dependent(s) will be paid by:

IDI (Department) Rate: $120   or   Credit Card (Beneficiary) Rate: $140^

(select one and complete the applicable column below):

For IDI (Department) payments:	For Credit Card (Beneficiary/personal)) payments:
Amount of Charge: _____ # of Dependent x Rate	Amount of Charge: _____ # of Dependent x Rate
UB Account to Charge for the H-4 Dependent Service fee _____	Printed/Typed Name of individuals to Pay Dependent Service Fee:_____
Printed/Typed Name of Authorized Account Signatory: _____	
Account Holder's Department: _____	Primary Phone/E-mail address:_____
Contact Phone or e-mail of Authorized Account Signatory: _____	Secondary Phone/e-mail address:_____
Authorized Signature: _____	Signature:_____

^Credit Card Rates include university credit card transaction processing fees.