



H-1B Sponsoring Request Form

Department/Unit: _____

Name and Telephone No. for person of contact at department: _____

Name and Telephone No. of Employee's supervisor: _____

Position Information:

Employee's Name: _____

Position Title: _____ # of staff Employee will supervise: _____

Hours per week for which the alien will be employed: _____ Salary \$ _____ per _____

Address where alien will work (indicate all possible locations): _____

Alien's fringe benefits:

Same as university full-time employees. Benefits valued at (dollars per year): \$ _____

Other (please specify): _____

Is there a bargaining representative (union) for this job classification? No Yes

If yes, provide name of bargaining representative for the unit: _____

At the present time, is there a strike or lockout for people in this job classification? No Yes

Dates of H-1B appointment: _____ TO _____
(MM/DD/YY) (MM/DD/YY)

Brief description of the proposed duties of the position: _____

Alien's present occupation and summary of prior work experience: _____

Approval by Department Chair, College Dean and Provost:

I certify that the department will pay the reasonable cost of the alien's return transportation abroad if the alien is dismissed before the end of the period of authorized employment.

Department Chair:

Name (print) Signature Date

College Dean:

Name (print) Signature Date

Provost (or designee)'s initial: _____ Date: _____