

INSTRUCTIONS

Please read these instructions carefully to properly complete this form. Submit any relating supplement document as indicated. Indicate that an item is not applicable with "N/A". File this form as soon as possible before the proposed employment begins or before an extension of stay will be required. If this form is not submitted at least 90 days before the employment begins, the subsequent petition filing, adjudication, and visa issuance may not be completed before the worker's services are required or previous employment authorization ends.

Purpose of This Form.

You should use this form if you are requesting to bring an international professional to a school governed by the Board of Regents of the University of Oklahoma as a nonimmigrant to temporarily perform services or labor, or receive training in the U.S. as:

- **H-1B**; Specialty Occupation requiring the attainment of a bachelor's or higher degree, or its equivalent, as a minimum for entry into the occupation.
- **O-1**; Alien of extraordinary ability in arts, science, education, business or athletics
- **TN**; Free Trade Professional—Citizens of Canada or Mexico
- **E-3**; Specialty Occupation—Australian Nationals

Use this form when the nonimmigrant is physically present in the U.S. and a change of status, concurrent employment, or an extension of stay in one of the above classifications is needed.

Free Trade Nonimmigrant (TN)

The TN classification does not require a USCIS petition for new employment if the worker is outside the U.S.

Canadian citizens are not required to apply for a visa with a U.S. consulate or file a petition with U.S. Citizenship and Immigration Services (USCIS). Canadian citizens can request admission as a TN nonimmigrant at a U.S. port of entry.

Mexican citizens are not required to file a petition with USCIS. However, they are required to obtain a visa to enter the U.S. as a TN nonimmigrant. Mexican citizens must apply for a TN visa directly at a U.S. embassy or consulate in Mexico. Once approved for a TN visa they may apply for admission at a U.S. port-of-entry.

Extension of Stay

Use this form when the person is physically present in the U.S. and the extension is based on unchanged, previously approved employment with the university or the request is for sequential (transfer) or for concurrent employment.

Change of Status

The following nonimmigrants are **not eligible** to change status:

- A J-1 whose status admitted for graduate medical training (unless a waiver has been granted Section 214(I) of INA)
- A J-1 subject to the foreign residence requirement who has not received a waiver of that requirement
- A nonimmigrant admitted under the visa waiver program
- M-1 student, K-1 fiancée or K-2 dependent
- C or TWOV transit aliens, D crewman

NOTE: Family members should use Form I-539 to file for an extension of stay or change of status, if eligible. The employer is not responsible for any accompanying family member's visa status or subsequent filing fee(s).

Who May Sponsor.

Any Faculty Member or Department Head at a school governed by the Board of Regents of the University of Oklahoma may use this

form to initiate the petition or application process through the Office of Human Resources International Faculty & Staff Services (IFSS).

General Information.

IFSS processing times are completed within our service level goals. Case delays may occur if additional evidence or information is required.

Information and Forms

If you do not completely fill out the form, or do not provide the requested evidence, you will not establish the workers basis for eligibility. We may request more information or evidence in support of the petition.

Certification pertaining to the Release of Controlled Technology or Technical Data to Foreign Persons in the US

The Export Administration Regulations ([EAR](#)) and the International Traffic in Arms Regulations ([ITAR](#)) can require US persons to seek and receive authorization from the US government before releasing certain types of technology or data to foreign persons in the US. Release of export controlled technology/data to a foreign person can be deemed to be an export to that person's country or countries of nationality and can require a deemed export license. If such a license is required, the Office of Export Controls will assist you with the application process. The Office of Export Controls at (405) 325-5052 or access the University's policy on export controls at <http://exportcontrols.ou.edu/index.html>.

AC21 Portability Provision (H-1B)

The portability provisions described in the American Competitiveness in the 21st-Century Act (AC21) allows a nonimmigrant previously issued an H-1B visa or otherwise accorded H-1B status to begin working for a new H-1B employer as soon as the new employer files a non-frivolous H-1B petition for the person. This provision relieves the nonimmigrant from the need to await USCIS approval notification before commencing employment with the new employer. Contact IFSS for hiring and appointment procedures.

USCIS Definition of an Affiliated or Related Nonprofit Entity

A nonprofit entity (including but not limited to hospitals and medical or research institutions) that is connected or associated with an institution of higher education, through shared ownership or control by the same board or federation operated by an institution of higher education, or attached to an institution of higher education as a member, branch, cooperative or subsidiary."

Written Consultation for O-1

Consultation with an appropriate U.S. peer group (which could include a person or persons with expertise in the field), labor and/or management organization regarding the nature of the work to be done and the worker's qualifications is mandatory before a petition for an O-1 classification can be approved.

Evidence of consultation shall be in the form of a written advisory opinion from a peer group (which could include a person or persons with expertise in the field), labor and/or management organization with expertise in the specific field involved.

Sponsorship Responsibilities.

Department sponsors will be required to:

- Pay all required filing fees associated with the employer-based petition, and;
- H-1B & E-3; attest that they are offering the higher of either:
 - 1) The actual wage paid to other similarly employed **or**;
 - 2) 100% of the prevailing wage for the occupation, and;
- Offer payment for the reasonable cost of return transportation for "H-1B, E-1 or O" workers who are dismissed before the end of the authorized employment, and;
- Certify US deemed export control, meet ORA requisites, and;
- Notify IFSS of any changes of condition in the worker's employment, including, but not limited to, promotions, FTE status and physical work location(s).

Compensation Sources

Payment of compensation from non-university sources, including affiliated institutes and/or agencies, cannot be used to meet the actual or prevailing wage requirement for a University-sponsored H-1B worker.

Training program stipends under certain fellowship programs, such as NRSA and JDRF do not represent compensation for services. These awards are grants that allow participants to pursue programs of independent research, training, and original study, rather than for the University's benefit. Therefore, these types of trainee's are not eligible for H-1B sponsorship with the University.

Off-Site Assignment of H-1B workers

Departments seeking to place the H-1B worker at an off-site location other than a customary campus location(s), should submit an itinerary that shows the dates and places of assignment where the worker will be providing services at more than one location.

General Evidence.

The nonimmigrant must provide evidence that they hold the required US degree by submitting either:

- A copy of a U.S. degree as required by the occupation;
- A copy of a foreign degree and evidence that it is equivalent to the U.S. degree, **or**;
- Evidence of education and experience that is equivalent to the required U.S. degree.
- Any required license or other official permission to practice the occupation in the state.

Valid Passport

A nonimmigrant, who must have a passport to be admitted, must keep that passport valid during his/her entire stay in the US.

Free Trade Nonimmigrant (TN)

If requesting a "Change of Status" to TN, the nonimmigrant must provide evidence that they possess the requisite professional qualifications. Acceptable evidence may include, but is not limited to, the following:

- A letter from the hiring department stating the activity to be engaged in, the anticipated length of stay, and the arrangements for remuneration;

- A copy of the worker's last 2 pay stubs and W-2, if employed in the U.S., and
- Evidence the worker meets the education and/or licensing requirements for the profession or occupation.

Filing Fees.

The current USCIS base filing fee is \$460. A department filing an **H-1B** petition connected to a new employee will be required to pay the Base Filing fee and a \$500 Fraud Protection and Detection fee.

USCIS Case Processing

USCIS usually processes cases in the order they are received. For each type of application or petition they have specific workload processing goals. Regular processing for H-1B petitions are normally listed between four to eight months. However, processing times are subject to change without notice based on current USCIS workloads.

Premium Processing

The petition may be filed with the USCIS Premium Processing Service request that guarantees a 15 calendar day processing time. The fee for this service is **\$2,500** and is **in addition to** all other applicable filing fees. Contact IFSS for the University guidelines pertaining to justification as a necessary business-related expense.

Privacy Act Notice

USCIS asks for the information on this form and associated evidence to determine if you have established eligibility for the immigration benefit you are seeking. Their legal right to ask for this information is in 8 U.S.C. 1154, 1184, and 1258. They may provide this information to other government agencies. Failure to provide this information and requested evidence may delay a final decision or result in denial of your petition.

Where to Send this Form.

Norman

Isabel Chu
Human Resources - IFSS
NEL 205
905 Asp Avenue
Norman, OK 73019
eMail to: isabelchu@ou.edu

Health Sciences Center & Tulsa

Maria Engles
Human Resources -IFSS
865 Research Parkway, Suite 275
Oklahoma City, OK 73104
eMail to: maria-engles@ouhsc.edu

Vicky Martin
Conrad Waiver Physicians & O-1 Visa
Human Resources - IFSS
865 Research Parkway, Suite 275
Oklahoma City, OK 73104
eMail to: vicky-martin@ouhsc.edu

Rogers State University Cameron State University

Nima Zecavati
Human Resources -IFSS
865 Research Parkway, Suite 275
Oklahoma City, OK 73104
eMail to: Nima-zecavati@ouhsc.edu

Action Type: *New Hire Employment* Requested Category: *H-1B E-3* Campus Location: *OUHSC*
Continuation of Current University Employment *TN (NAFTA)* *Cameron* *OSCC*
O-1 *Norman* *Tulsa* *RSC*

PART 1 – DESCRIBE THE POSITION

SECTION A - DEPARTMENT INFORMATION

Department Name		Department Address		
Name of Requestor/Department Sponsor		Title of Requestor		Phone
Department Staff Contact	Phone	Payroll Coordinator	Phone	Org/Dept Number

SECTION B - BENEFICIARY (WORKER)

Full Name of Worker			
(Last Name/Surname)	(First Name/ Given Name)	(Middle)	
Is the worker currently in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the worker's current visa status <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> H-1B <input type="checkbox"/> E-3 <input type="checkbox"/> TN <input type="checkbox"/> O-1 Other _____		Expiration Date
Has the worker earned the required degree from a U.S. institute of higher education? <input type="checkbox"/> No - Provide a U.S. Credential Evaluation (see instructions) <input type="checkbox"/> Yes - Name of U.S. institute _____			

SECTION C – BASIC INFORMATION ABOUT THE POSITION

"Official" University Appointment Title		Proposed Period of Employment (no more than 3 years)	
		From:	To: (HSC: end on fiscal year)
<i>Only list amounts paid directly by OU to be reported as earned income to IRS. Do NOT include affiliated source amounts or clinical earnings.</i>			
Guaranteed University BASE wages		/ per year	per hour (through above proposed employment period)
Is this an affiliated or joint appointment? No Yes - Name of agency	This employee will work at OU: Full-time Part-time		List number of hours per week the employee will work only for OU:
Is this position subject to the Hiring Freeze Exemption Guidelines? No Yes	If YES, has the exemption been approved? No Yes	Is an exemption request pending for this position? No Yes - Date Submitted	
List <u>all</u> physical address locations where the work will be performed. If you need more space, use page 4 Part 7; Additional Information.			
Will the worker be assigned to an off-site location during this H-1B period? No Yes	If YES, give the off-site physical work location(s). If you need more space, use page 4 Part 7; Additional Information. See Page 2 of the Instructions before completing this section.		

SECTION D – JOB DESCRIPTION & QUALIFICATIONS

Document the minimum qualifications needed to perform the functions of the job. BE ACCURATE. Do NOT merely copy the worker's qualifications. The prevailing wage requirement will be based on the information you provide below. The more advanced the qualifications of the position, the higher the wage determination will be and consequently, the higher the wages the department will be required to pay.

EDUCATION	Enter the "minimum" degree required for the position.	Education Level, such as BS, MS, PhD, MD	Required Academic Field of Degree	Alternate Field, if any
EXPERIENCE	Enter the months of job experience and/or job training required for the position.	OR Mths of job exp in same or similar job title PLUS Mths of job training in the academic field Mths of job exp in same or similar job title OR Mths of job training in academic field		
Special Skills, Knowledge, Work Activities or Tasks	List any special requirements, such as foreign language, machines, tools, etc.	Do NOT include "preferred requirements or those that would have been gained during education and/or training.		
Licensure, and/or Certification	Note an certifications or license required to perform the job functions	If the certification or license is NOT required at the time of selection or hire, please list the requirement as "eligible for..."		
Does this position supervisor others? Yes No	If yes, how many? Subordinate Peer	DEFINITION: The term "supervisor" means any individual having authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, or discipline other employees, or responsibility to direct them, or to adjust their grievances, or effectively to recommend such action, if in connection with the foregoing the exercise of such authority is not of a merely routine or clerical nature, but requires the use of independent judgement.		
JOB DUTIES	If you need more space, use page 4 Part 7; Additional Information.			



PART 2 – FUNDING SOURCES & TECHNOLOGY

The USCIS Form I-129 requires each company to certify that a US Government license is not required for the transfer of any technology or technical data going to the worker. In some instances, restrictions may be placed on certain domestic or international research activity in the interest of national security or protection of trade. The questions below will assist the University in addressing these requirements.

SECTION A – US EXPORT CONTROLS / GOVERNMENT & FOREIGN FUNDING

1. Provide the name of the worker’s direct supervisor:
2. Is, or will, the worker receive any support or contributions from ANY source, whether money, goods or services, such as housing, travel expenses, sponsored research, institutional assistance, both foreign or domestic, etc.? No Yes
3. Will the worker be involved in ANY research activity? No Yes ~ if yes, continue to “a, b, & c”
 - a. Will any of the research be sponsored, in whole or part, by either the institution or an external sponsor, including ANY federal government? No Yes
 - b. Provide the project identification number(s), if available or reference ID:
 - c. Will the research results be taught, published or otherwise shared with the interested public? No Yes
4. Does, or will, the sponsoring faculty member receive ANY sponsored funding by either the institution or an external sponsor, including ANY federal government, including NIH and/or NSF? No Yes ~ if yes, continue to “next question”
Has the sponsor notified the appropriate campus Office of Research Administration of this upcoming visa sponsorship?
No Yes ~ if yes, provide the date of notice
5. Will ANY sponsored funds be used to support the worker? No Yes ~ if yes, continue to “a & b”
 - a. Provide the name and title of the Principle Investigator:
 - b. Give the worker’s percentage of effort in the research:
6. Will the worker be provided access to any third party-owned technical data or technology that is considered proprietary or confidential to the third party owner? This includes U.S. government furnished technical data with dissemination controls or other restrictive markings, as well as ITAR-controlled software. No Yes
7. Will the worker be provided access to equipment specifically designed or developed for military or space applications?
No Yes
8. Will the worker be provided access to any Institution-owned technical data or technology that is considered proprietary or confidential to the Institution? No Yes

To learn more about U.S. Export License contact the Office of Export Controls at 405-325-7843. For information on Sponsored Programs, call the HSC Office of Research Administration at 405-271-2090 or the Norman campus Office of Research Services at 405-325-4757.

**PART 3 – RELEASE OF CONTROLLED TECHNOLOGY OR
TECHNICAL DATA TO FOREIGN PERSONS IN THE U.S.**

This section of the form is required for the H-1B, E-3, O-1, & TN classifications. See Page 1 of the Instructions before completing this section.

Sponsor: _____ Foreign Worker: _____

SECTION B – US EXPORT CONTROL CERTIFICATION

With respect to the technology or technical data that will be released or otherwise provide access to the worker, I certify that I have reviewed the EAR and ITAR and have determined that:

- 1. A license is not required from either US Department of Commerce or the US Department of State; or
- 2. A license is required from one of the above government agencies and I will prevent access to the technology or technical data by the worker until and unless the university has received the required license or other authorization to release it to the worker.

Signature-Office of Export Controls _____ Name In Print _____ Date _____



PART 4 – FORM HR129 SUPPLEMENT “H” or “E”

University sponsors, college and/or department heads must **attest** to all labor condition statements, federal regulations requirements, and university policies summarized below in connection with a request to sponsor an alien worker in the H-1B or E-3 classification.

SECTION A – US DEPARTMENT OF LABOR ATTESTATION

- Sponsor Initials: _____
- 1) Pay the H-1B or E-3 nonimmigrant worker at least the local prevailing wage or the employer’s actual wage, whichever is higher, and pay for non-productive time.
 - 2) Provide working conditions for the H-1B or E-3 nonimmigrant worker which will not adversely affect the working conditions of workers similarly employed.
 - 3) There is no strike or lock out in this occupational classification at the place of employment.
 - 4) Notice of this filing has been posted in a conspicuous place where workers in the same occupation classification are employed.

SECTION B – TRANSPORTATION ATTESTATION

Sponsor Initials: _____ The department understands that it is liable for the reasonable costs of returning the H-1B nonimmigrant worker to their last place of residence abroad if the worker is dismissed from employment prior to the end of the authorized H-1B period. The reason for termination is not an issue (i.e., budget, grant funding, performance, etc.) and does not release the department from honoring the transportation cost. This legal responsibility does not include any dependent family members.

SECTION C – FILING FEE ATTESTATION

Sponsor Initials: _____ The department acknowledges that under the Immigration and Nationality Act it is a violation for an employer to require the alien worker named in an H-1B petition to reimburse or otherwise creatively compensate the employer for any part of the H-1B petition filing fee. The \$460 Petition Fee and the \$500 Anti-Fraud Fee is solely the department’s burden. Any other costs related to the filing of the petition will be borne by the department or by the worker.

SECTION D – RECRUITMENT EFFORTS

Sponsor Initials: _____ The department recognizes the authority of USCIS to conduct audits on this petition using publicly available open source information and that the supporting evidence may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

SECTION E – NOTIFICATION OF MATERIAL CHANGES

Sponsor Initials: _____ The department understands that the International Faculty & Staff Services must be notified prior to changes in any conditions of the worker’s employment, including changes in title, number of work hours, salary, physical work location, benefits, etc.

SECTION F – SIGNATURE

I certify, under penalty of perjury that I have read and reviewed this request and that to the best of my knowledge the information contained herein is true and accurate. I agree to, and will abide by, the above terms for the duration of the worker’s authorized period of stay of H-1B employment. I understand that to knowingly furnish false information in the preparation of the petition and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense.

Sponsoring Faculty _____ Name In Print _____ Date _____
 Department Chair _____ Name In Print _____ Date _____
 Budget Unit Head _____ Name In Print _____ Date _____

PART 5 – FORM HR129 SUPPLEMENT “TN”

NAFTA applicants must meet specific requirements to qualify for a NAFTA Professional Worker (TN) visa under immigration law. For persons outside the U.S., the consular officer will determine whether the Canadian or Mexican citizen can qualify for the visa.

SECTION A – CHANGE OF STATUS

Does the occupation require a minimum of a bachelor’s degree?		If a bachelor’s degree is required, can experience be substituted for that degree?		
NO	YES	NO	YES	
Is an alternative criterion to a bachelor’s degree available?		If yes, is the alternative criterion recognized as a national standard for the occupation?		
NO	YES – attach copy of job description	NO	YES	UKN

SECTION B – EXTENSION OF STAY

The employer may file a petition with USCIS to extend the stay of a current TN nonimmigrant or he/she may apply for an extension at a U.S. port-of-entry. Provide the following information to request an extension on behalf of a current employee in a valid NAFTA TN classification.

- Did the requesting department provide the original Letter of Employment for entry in the US as a TN?
 NO YES – attach a copy of the original department letter

SECTION C – SPONSOR SIGNATURE AND AGREEMENT

I understand that my department is liable for the reasonable costs of returning the TN nonimmigrant worker to his or her last place of residence abroad if the worker is dismissed from employment prior to the end of the authorized period. I agree to notify the International Faculty & Staff Services prior to changes in any conditions of the worker’s employment, including changes in title, number of work hours, salary, physical work location, benefits, etc., for the duration of the worker’s stay in TN status.

Sponsoring Faculty _____ Name In Print _____ Date _____



PART 6 – FORM HR129 SUPPLEMENT “O”

Departments must provide the information requested below in accordance with regulation requirements in connection with a request to sponsor a foreign worker in the O-1 classification.

SECTION A – PROGRAM DESCRIPTION

Explain the nature of the event. If you need more space, use page 4 Part 7; **Additional Information**.

SECTION B – PEER GROUP CONSULTATION

A written consultation from an appropriate peer group, labor or management organization concerning the nature of the proposed work and the worker’s qualifications as an individual of extraordinary ability must be obtained. Peer group is defined as a group or organization comprised of practitioners within the alien’s same occupation. *See Page 1 of the Instructions before completing this section.*

Have you obtained the required consultation? YES NO – *attach a copy of the request*

Name of Recognized Peer Group

Complete Address

Phone

Date Request Sent

SECTION C – TRANSPORTATION ATTESTATION

The department understands that it is liable for the reasonable costs of returning the O-1 nonimmigrant worker to their last place of residence abroad if the worker is dismissed from employment prior to the end of the authorized employment period. The reason for termination is not an issue (i.e., budget, grant funding, performance, etc.) and does not release the department from honoring the transportation cost. This legal responsibility does not include any dependent family members.

SECTION D – SIGNATURE

I certify, under penalty of perjury that I have read and reviewed this request and that to the best of my knowledge the information contained herein is true and accurate. I agree to, and will abide by, the above terms for the duration of the worker’s authorized period of stay of O-1 employment. I understand that to knowingly furnish false information in the preparation of the petition and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense.

Sponsoring Faculty _____ *Name In Print* _____ *Date* _____

Department Chair _____ *Name In Print* _____ *Date* _____

Budget Unit Head _____ *Name In Print* _____ *Date* _____

PART 7 – ADDITIONAL INFORMATION

Use the space below to provide any additional information. Please identify the Page Number, Part Number, and Item Number/Letter that corresponds to the additional information.

Page Number	PART	Section
Page Number	PART	Section
Page Number	PART	Section



PART 8 – BENEFICIARY INFORMATION

All questions must be answered by the alien worker as precisely as possible in order to provide complete and accurate information on the petition submitted to the USCIS. Inaccurate information could result in the delay or denial of the petition. If "none" applies, write NONE. Disclosure of your Social Security Number is required/authorized by 8 USC 1154, 1184, and 1258.

SECTION A – PERSONAL DATA

Last Name (Surname)		First Name (Given)		Middle Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
List any other names used (include maiden name and names from all previous marriages)				U.S. Social Security #, if any		Email Address	
City/Town of Birth		Province of Birth		Country of Birth		Country of Citizenship	
Date of Birth							
Name & Phone Number of Emergency Contacts							
Outside of U.S.~							
Within the U.S.~							
Current U.S. Residential Home Address (Address) (City) (State) (Zip Code)						Phone Numbers Daytime: Mobile:	
Current foreign home address or last place of permanent residence abroad (Address) (City/Town) (Province/Region) (Postal Code) (Country)							

SECTION B – PASSPORT & VISA INFORMATION

Passport Number		Issuing Country		Issue Date (mm/dd/yyyy)		Expiration Date (mm/dd/yyyy)	
If you are outside the US or if you will need to obtain a new US visa, which US Consulate or inspection facility will you visit? (Answer Required)							
Type of Office: <input type="checkbox"/> U.S. Consulate <input type="checkbox"/> U.S. Port of Entry <input type="checkbox"/> Pre-flight Inspection							
Office Address (City)				U.S. State or Foreign Country			

If in the United States, complete the following

Date of Last U.S. Entry	I-94 Card #	Current Nonimmigrant Status	Status Expiration Date	A #, if any	EAD expiration, if any
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SECTION C – EMPLOYMENT STATUS FOR TRANSFERRING EMPLOYEES

Name of Current U.S. Employer, if applicable		Address of Current U.S. Employer, if applicable	
Give current employment status <input type="checkbox"/> Active <input type="checkbox"/> Terminated		If active, give anticipated separation date	
		If terminated, give separation date	

SECTION D – PROCESSING INFORMATION

Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single		If married, is spouse in US? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are family members to be included as a change of status or extension of stay? SPOUSE <input type="checkbox"/> Yes <input type="checkbox"/> No CHILDREN, under 21 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest level of education earned		Do you currently have an application or petition pending with the US Immigration Service? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach USCIS receipt notice		Has anyone filed an immigration petition on your behalf? <input type="checkbox"/> No <input type="checkbox"/> Yes – priority date	
Do you have an approved employment-based I-140 petition? <input type="checkbox"/> No <input type="checkbox"/> Yes – approval date		Do you have a pending I-485 application? <input type="checkbox"/> No <input type="checkbox"/> Yes		Have you ever held F-1 or F-2 status? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you ever held J-1 or J-2 status? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, have you been subject to the 2-year home requirement? No Yes		If subject to Section 212(e), have you obtained a waiver or fulfilled the 2-year requirement? No Yes – attach waiver evidence	
If you received a waiver, is it based on a 3-yr employment contract? No Yes		Do you plan on leaving the U.S. for an extended period of one month or longer during the proposed H1B period of sponsorship? No Yes		This section intentionally left blank	

SECTION E – DOCUMENT “H-1B” PERIODS OF STAY

List all prior periods that you have held an “H-1B” classification for the last six years. Only list those periods in which you were physically in the US. Do NOT include periods if you were an H-4.

Period of Stay (mm/dd/yyyy)		Period of Stay (mm/dd/yyyy)		Period of Stay (mm/dd/yyyy)	
From:	To:	From:	To:	From:	To:

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