

H-1B Petition Request Checklist

H-1B petitions can be filed up to **six months** in advance from the employment start date or current H-1B end date, but **no later than a month and a half in advance**. However, if the H-1B employee needs to obtain an H-1B visa overseas, please allow additional time.

- **No handwritten** applications will be accepted.
- All signatures must be **original** and in **ink**.
- All supporting documentation should be **legible and single-sided on 8.5" by 11" paper**
- Please submit all documents in **one package** from the department to: **International Services, E-302 Martin Hall**

Beneficiary's name:

Last name: _____ First name: _____

Hiring/Sponsoring Department:

- Complete Form IS-400 Request for H1-B Petition

Filing payment: submit **one combined check** through CUbuyWay\$ made payable to: **Weinstock Immigration Lawyers, P.C.**,

- \$325: H-1B extension

Fulfillment Address 1

- \$825: New H-1B, change of employer

Supplier Number: 0000087251

(Covers I-129 Filing Fee, \$325 and Fraud Prevention Fees, \$500)

- \$1225: Premium Processing Fee (optional)

- Copy of Clemson University's job offer letter

- Actual Wage Worksheet completed by department HR contact

- Export Control Certification Request-- International Services is responsible for obtaining Export Control Officer's signature

- Copy of published advertisement for job *(For professional appointments)*

- IS will mail the petition to Weinstock Immigration Lawyers by Express Mail. Please include the department's 23-digit account number to charge for express mailing: _____

Beneficiary:

- Complete copy of passport, including empty pages

- Copy of most recent I-94 and visa stamp *(front and back)*

- Copies of all documentation of previous and current immigration status, including but not limited to:

- *All I-797 approval notices, I-20 forms, DS-2019 forms, EAD cards and I-612 waivers (if applicable)*

- Copy of transcripts and/or diploma for highest relevant degree; credential evaluation if degree was earned outside of the U.S.

- Curriculum vitae; include name and address of all employers, periods of employment, job titles and detailed job description

- If currently on dependent status, copy of principal's passport, I-94, I-797, pay stubs, etc.

- Portability-Transferring to CU from another employer: 3 recent pay stubs and/or employment confirmation letter

- If beneficiary is subject to the Two-Year Home Country Physical Presence requirement, please submit a copy of USCIS Waiver approval notice or Department of State's waiver recommendation letter

Part I. Information about the Foreign National

Family/Surname _____ First Name _____ Middle Name _____
 Address: (Street Number and Name) _____ Apt. No. _____
 City _____ State/Province _____ Country _____ Zip Code _____
 Phone No. _____ E-mail Address _____
 Foreign Address _____
 Country of Citizenship _____ Country of Permanent Residence _____
 Place of Birth (City) _____ (Province/State) _____ (Country) _____
 Date of Birth (mm/dd/yyyy) _____ Gender: Male Female Marital Status: Married Single
 SS# _____ A# _____ (if you have one)
 What is your current immigration status? _____ Have you ever held an H-1B? Yes No
 Were you ever denied an H-1B visa status? Yes No If Yes, explain _____

 Have you ever held an L-1 Status? Yes No Have you ever held a J-1 OR J-2 status? Yes No

Part II. Information about the Position

Position Title Offered to the Foreign National _____ Is This Position Part-Time? Yes No

Note: In the case of part-time H-1B petitions, the hiring unit/department must document in writing the number of hours per day & per week the H-1B employee worked for the entire duration of the part-time H-1B validity period.

If part-time, how many hours _____/week If full-time, wage _____per Year Hour
 Duration (mm/dd/yyyy) from _____ to _____ (The period in which you would like the individual to work for CU)
 The position is: Temp Permanent Tenure Track Non-Tenure Track
 Name and Title of Supervisor _____
 Phone No _____ Fax No _____ E-mail Address _____@clemsn.edu
 Name of Department _____ Name of College/Division _____
 Address of the Work Site _____
 Name and email address of department contact person for this matter _____

Is this request for (check one)
 New H-1B Extension without Any Changes New Concurrent Employment Extension of Concurrent Employment
 Change of Employer (non-CU to CU) Amendment (Including Transfer within CU) Explain: _____
 Other: _____

Part III. Signatures

Name of Supervisor _____ Signature _____ Date _____
 Name of Department Chair _____ Signature _____ Date _____
 Name of College Dean _____ Signature _____ Date _____

Is this position a temporary, grant position? Yes No *If no, the following signatures are also required.*

Names of:
 Provost/Vice President _____ Signature _____ Date _____
 President _____ Signature _____ Date _____



Form IS-400, Request for H-1B Temporary Worker Petition

ACTUAL WAGE WORKSHEET

Federal law requires employers to document that H-1B workers will not be paid less than the actual wage paid to other similarly employed workers at Clemson University (CU). Please provide the required information on similarly employed workers in the hiring department/unit below. Begin the comparison with individuals holding the same title and doing comparable work to what the H-1B worker will be doing. If there are no others with the same title, compare the H-1B worker's position with other positions having similar duties. It may be necessary to obtain comparative data from other units within your college or division.

The rationale for arriving at the salary for each worker should be clear. Total experience, qualifications, education, job responsibilities and functions, specialized knowledge, and other legitimate factors (i.e., publications, patent development, receipt of an international prize, or other meritorious performance rewarded as part of a defined pay system of CU) may be considered. Please note that limited grant or department funding is not a legitimate reason for paying less, nor are market conditions.

Please note that the Labor Condition Application (LCA) cannot be filed until this worksheet has been adequately completed and submitted by the hiring department/unit.

Within our department, the number of those similarly employed with the same title or duties as _____ (Foreign National's Name) is _____ (number). Among those similarly employed, the number that are paid at or below the wage offered to the H-1B employee is _____ (number) and the number of those that are paid at a higher rate is _____ (number).

If there are any similarly employed worker(s) who are paid at higher rate, please complete the following:

- _____ (number) is/are paid at higher rate(s) due to longer experience
- _____ (number) is/are paid at higher rate(s) due to higher degree received
- _____ (number) is/are paid at higher rate(s) due to more job responsibilities
- _____ (number) is/are paid at higher rate(s) due to _____
- _____ (number) is/are paid at higher rate(s) due to _____

If needed, please elaborate further regarding beneficiary wage calculations using the space provided below

Actual Wage Data Provided by:

Name (please print) _____

Signature _____

Position Title _____

Date _____

Export Control Certification Request

USCIS Form I-129 “Petition for Non-Immigrant Workers”

Effective February 20, 2011, the U.S. Citizenship and Immigration Services (USCIS) amended its Form I-129 “Petition for Non-Immigrant Workers” to include a “Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States”. This must be completed for all H1-B, H1-B1 Chile/Singapore, L-1, and O-1A applications.

In order to assist in the processing of the I-129 application, the immediate supervisor of the beneficiary/employee must answer the following questions. For any questions or assistance with this section of the form please email Tamara Hemingway at theming@clemsun.edu or call 864-656-4084.

Please note that the following questions are intended to elicit information which would suggest the possibility that a license from the Department of Commerce or the Department of State might be required and further investigation should be undertaken. If the beneficiary is a new faculty member, it is understood that this person will be independently seeking funding and conducting research which may require future review for purposes of export controls compliance. Please answer these questions based on your current, actual knowledge.

1. Does the nature of the work performed by this beneficiary involve research?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the beneficiary a new faculty member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the beneficiary bringing research funding from a previous position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the research being undertaken for any defense or military purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the research involve nuclear materials, chemical or biological weapons, missile technology or space applications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the research being conducted under a technology control plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there any publication, access or dissemination restrictions on the results of the research or on any information used in performing the research?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the research involve the use of any confidential or proprietary information provided by Clemson University or a project sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are there any citizenship requirements or restrictions on the research participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Will this beneficiary have access to software or technology controlled under the EAR at 15 CFR 730-774 (http://www.bis.doc.gov/policiesandregulations/ear/index.htm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Will this beneficiary have access to technical data, software or equipment specifically designed, developed, configured, adapted, or modified for a military application as described under the ITAR at 22 CFR 120-130 (http://www.pmdtc.state.gov/regulations_laws/itar_official.html)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Please list any currently known funding sources that will be used to support this beneficiary’s position	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	

As the immediate supervisor of _____ (beneficiary), I, _____ (supervisor) certify that I have provided, to the best of my knowledge, true and accurate information with regard to this certification. I have also reviewed both the EAR <http://www.bis.doc.gov/policiesandregulations/ear/index.htm> and the ITAR http://www.pmddtc.state.gov/regulations_laws/itar_official.html and have determined that this beneficiary **does** **does not** require a license from the Department of Commerce or the Department of State before receiving access to export controlled technology as part of his/her employment with Clemson University. If it is determined that a license is required, I agree that I will not release any export controlled technology or technical data to this beneficiary until after a license has been procured. Should I become aware of any information which would result in a change to any of my previous answers, I will immediately bring it to the attention of the Export Control Officer.

Supervisor Title _____

Supervisor Signature _____ Date _____

Export Control Officer Review

Based on my review of the foregoing information this beneficiary **will** **will not** be receiving export controlled technology or technical data at this time and accordingly **does** **does not** require a license from either the Department of Commerce or the Department of State.

Export Control Officer _____

Signature _____ Date _____