

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)
Current immigration Status: _____ Have you ever held an H-1B? _____ (Yes or No)
Have you ever held an L-1 Status? _____ (Yes or No) Have you ever held a J-1 OR J-2 status? _____ (Yes or No)
Were you ever denied an H-1B visa status? _____ (Yes or 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

Supervisor's Signature _____ Date _____
Name of the Unit/Department Head _____ Signature _____ Date _____
Name of Dean _____ Signature _____ Date _____
Is this position a temporary, grant position? Yes No
If no, the following signatures are also required.
Provost's/VP's Signature _____ Date _____
President's Signature _____ Date _____

Instructions for Form IS-400, Request for H-1B Petition

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. For faster processing, please send completed, signed form IS-400 and all supporting documents **at the same time** to International Services (IS).

H-1B TEMPORARY WORKER APPLICATION CHECKLIST

Foreign National's Name: _____

- For initial filings and transfers: A check for \$825.00 payable to Siskind Susser to cover the filing fee and anti-fraud fee
- For extensions: A check for \$325.00 payable to Siskind Susser to cover the filing fee
- For premium processing (only if applicable): A check for \$1,225.00 payable to Siskind Susser
- Copy of Clemson University's job offer letter
- Copy of official job description if the job offer letter does not have the job description
- Completed Actual Wage Worksheet
- Copy of transcripts and diplomas for all higher education programs
- Copy of credential evaluation, if the person's relevant degree was earned outside the U.S.
- Copy of most updated curriculum vitae/resume
- Complete copy of beneficiary's passport, including empty pages
- Copy of beneficiary's I-94 (front and back)
- Copy of current/previous H-1B/H-4 approval notices (if applicable)
- Copy of I-20s, DS-2019s, EADs (if applicable)
- If currently on dependent status, copy of principal's passport, I-94, I-797, pay stubs, etc.
- Portability (transferring to CU from another employer): 2-3 recent pay stubs and/or employment confirmation letter
- If the beneficiary is subject to Two-Year Home Country Physical Presence requirement, please submit a copy of USCIS waiver approval notice or Department of State's waiver recommendation letter

Filing address:
USCIS
California Service Center
ATTN: CAP EXEMPT H-1B
Processing Unit
24000 Avila Road
2nd Floor, Room 2312
Laguna Niguel, CA 92677

IF DEPENDENTS IN THE U.S., PLEASE COMPLETE THE FOLLOWING

- [Form I-539](#)
- A filing check for \$290.00 payable to Siskind Susser
- Copy of dependent's passport & I-94 card (front and back)
- Proof of relationship, such as a marriage certificate for a spouse and/or birth certificates for children

Mailing Instructions

- IS will file the petition to USCIS by **regular air mail**
- IS will file by **Express Mail** (Include Pre-Paid Express Mail envelope or account number.)

Express Mail (FedEx or USPS) Account Number: _____

- IS will email or call _____ at _____ for personal pick up.
Person's Name Phone Number or Email Address

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 and return a signed original to (Page 4 and 5 only):

Tamara Hemingway, Export Control Officer, 223 Brackett Hall. For any questions or assistance with this form please email 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? Yes No
2. Is the beneficiary a new faculty member? Yes No
3. Is the beneficiary bringing research funding from a previous position? Yes No
4. Is the research being undertaken for any defense or military purpose? Yes No
5. Does the research involve nuclear materials, chemical or biological weapons, missile technology or space applications?
 Yes No
6. Is the research being conducted under a technology control plan? Yes 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? Yes No
8. Does the research involve the use of any confidential or proprietary information provided by Clemson University or a project sponsor? Yes No (Note: This information may or may not be provided under an NDA).
9. Are there any citizenship requirements or restrictions on the research participants? Yes 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> Yes 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 Yes No
12. Please list any currently known funding sources that will be used to support this beneficiary's position.

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 _____

Export Control Officer Signature _____

Date _____