

DEPARTMENT CHECKLIST FOR H-1B PETITION



**Office of International Students
and Scholars MS/074**
120 Fitzgerald Student Services Bldg.
Reno, NV 89557-0144
(775) 784-6874
FAX: (775) 327-5845
EMAIL: oiss@unr.edu
<http://www.unr.edu/oiss>

Please review your application before submitting. Verify that employment dates and salary match in all documents. For general information regarding the process please refer to H-1B Overview handout.

A. Department forms

- H-1B Request Form (original)
- Wage Determination Form (original)
- LCA Announcement (original)
- Employment Letter (original and 2 copies). Please use the format in the sample letter in this packet.
- Oral agreement (original and 2 copies). See the sample.

B. Fees (OISS fee and Immigration fee)

- OISS Fee of \$1200.00 - IPO made out to OISS, or check made out to "Board of Regents"

Immigration Fee varies, subject to the type of petition being requested. Please indicate which of the following applies and provide an institutional check payable to the Department of Homeland Security requested from Accounts Payable. The immigration fee must be paid by the employer! The premium processing fee of \$1,000 can be paid by the employee.

For petitions requesting new employment (initial H-1B status at UNR, change or addition of new employer):

- Regular Processing fee of \$820.00
- OR**
- Premium Processing fee of \$1,820.00

For petitions requesting extensions or amendments of H-1 status previously approved for UNR:

- Regular Processing fee of \$320.00
- OR**
- Premium Processing fee of \$1,320.00

C. Employee forms and supporting documents

- H-1B Employee form and all applicable documents listed on the employee's checklist

Please submit these items at the same time to:

**Office of International Students and Scholars (OISS)
120 Student Services Building (074)**

**If you have questions, please call 784-6874 and ask for Susan Bender bender@unr.edu
or Elizabeth Adamska adamska@unr.edu.**

H-1B REQUEST FOR HIRING DEPARTMENTS

Name of H-1B Employee:

1. Type of Petition – check one

- New employment (First time working at UNR in H-1B status)
- Extension (Continuation of previously approved H-1B employment without change)
- Amendment (Change in previously approved H-1B employment)
- Concurrent Employment (Will work for another employer and simultaneously at UNR)

2. Information About the Department (please complete all fields)

Hiring Department _____ Mailing Address _____

Employee's Supervisor _____ Phone _____ E-mail _____

Administrative Contact _____ Phone _____ E-mail _____

3. Information About the Position (please complete all fields)

Employee's job title _____

Non-technical description of job _____

Supervisory responsibility? ___ Yes ___ No If yes, how many workers the person will supervise? ___
Is experience required for the position? ___ Yes ___ No. If yes, indicate how many years of
experience ___ All addresses where the employee work:

Indicate if : ___ Full Time OR ___ Part Time. If p-t how many hours per week _____

Salary \$ _____ Annually _____ Monthly

Dates of Employment in H-1B status: from ___/___/___ to ___/___/___ Can request up to 3
years. mm dd yy mm dd yy

Signature of Employee's Supervisor _____ Date _____

Name & Signature of Department Chairperson _____ Date _____

WAGE DETERMINATION FORM

Departments wishing to employ non-immigrants in H-1B status must comply with immigration regulations mandating that U.S. employers meet a higher of the "actual wages" for a position in the department, or the "prevailing wage" for this position in the geographic area. This form documents "actual wages" in the hiring department.

1. Department Name _____

2. Name of H-1B Applicant _____

3. Position Title _____ 4. Employment Dates: from _____ to _____

5. Proposed salary \$ _____ per month / year

6. Total number of employees in our department **with the same title** as the H-1B applicant who have similar experience and qualifications is: _____. Similar experience and qualifications are based on factors such as: years of experience, education, job responsibility and function. Please include all employees regardless of their immigration status as well as U.S. citizens and permanent residents.

The range of salaries paid to these employees is from: _____ to _____

Please provide the following information for the employees identified in this paragraph:

Employee Name _____ Is this employee currently in H-1B status? _____ (Y/N)

(Attach separate sheet if necessary)

The department understands and agrees that:

- (a) *H-1B worker will be paid at least the actual wage level paid by the employer to all other individuals with similar experience and qualifications for the specific employment in question, or the prevailing wage level for the occupation in the geographic area of employment, whichever is higher.*
- (b) *The employment of H-1B non-immigrants will not adversely affect the working conditions of workers similarly employed in the area of intended employment.*
- (c) *LCA Announcement shall be posted for 10 days in 2 conspicuous places where H-1B worker will be employed.*

Signature of Hiring Authority _____ Date _____

Name of Hiring Authority: _____ Phone _____

LCA ANNOUNCEMENT
Intent to file a Labor Condition Application

The _____ announces, in compliance with the Immigration
Department/Institute Name

Act of 1990, the intention to employ a foreign national as a _____
Job Title

from _____ to _____ at _____ % time with a salary of \$ _____
mm/dd/yr mm/dd/yr

per year/month. Employment location is: _____
address

UNDER THE IMMIGRATION ACT OF 1990, WE INTEND FULL COMPLIANCE WITH THE REQUIREMENT TO OBTAIN A LABOR CONDITION APPLICATION APPROVAL TO FILE AN H-1B PETITION FOR THIS ALIEN EMPLOYEE, IN ORDER FOR HIM/HER TO BE LEGALLY EMPLOYED IN THIS COUNTRY. WE WILL MAINTAIN FULL COMPLIANCE WITH THE LAW FOR THE DURATION OF THE ALIEN'S EMPLOYMENT.

Labor Condition Application is available for public inspection at the Office of International Students and Scholars, 120 Student Services Building.

Complaints alleging misrepresentation of material facts in the Labor Condition Application and/or failure to comply with the terms of the Labor Condition Application may be filed with any office of the Wage and Hour Division of the United States Department of Labor.

Dates of Posting: _____ to _____
(Please note: this notice must be posted for 10 working days.)

Two locations where posted: 1)

2)

Signature of person posting announcement: _____ Date: _____

EMPLOYMENT LETTER (sample)

(Please use this letter as a general guideline for requesting an H-1B status from the Department of Homeland Security for a potential/continuing H-1B employee.)

* * *

[Department Letterhead]

Date

Department of Homeland Security
California Service Center
P.O. Box 10129
Laguna Niguel, CA 92607-09129

RE: Request for new (or extension) H-1B status for Dr. X

To Whom It May Concern:

The Department of Spanish at the University Of Nevada, Reno would like to employ (or continue to employ) Dr. X in H-1B status as an Assistant Professor, beginning January 1, 2004 to December 31, 2006 (indicate the duration of employment in H-1B status for up to 3 years). He would receive \$35,000 per year (full-time) to teach and do research in the area of Spanish literature.

Dr. X is very well-qualified for this position. He received a PhD in Comparative Literature from Cornell University, and a Master's degree from Bryn Mawr College. He has ... (worked at..., taught at..., published...articles regarding..., etc.). Dr. X is a highly qualified candidate for this position and would certainly be an asset to the University. Therefore, we would like to request that an H-1B status be granted/extended at this time.

Per the Immigration Act of 1990, I understand and agree that if Dr. X should be dismissed before the end of his authorized employment in H-1B status, the Department will pay the reasonable costs of transportation back to his home country. I hope that you will grant Dr. Jones H-1B status at this time so that he may accept his appointment with the Department.

Sincerely,

Michael Garcia
Chair, Department of Spanish

ORAL AGREEMENT(sample)

As one of the requirements for filing an H-1B petition with the Department of Homeland Security, a "Summary of Oral Agreement" between the employee and the employer must be sent to the Department of Homeland Security, along with the H-1B petition. This agreement would also be shown to authorities of the Department of Labor in the case of a review of an H-1B position. The following is an **example** of a "Summary of Oral Agreement" between a supervisor or principal; investigator and a foreign employee who is petitioning for new or continuation of H-1B status. Please use the example below to create a summary of the conditions agreed upon for a position offered to an international employee. NOTE: This should be a general job description not tailored towards an individual and his/her experience. **The position which requires 2 or more years of experience will trigger a significantly higher level of prevailing wage.**

[Department Letterhead]

SUMMARY OF ORAL AGREEMENT

For X Position (use payroll title) **for Dr. X**

The following is the summary of the oral contract for employment between Dr. X and the University Of Nevada, Reno, Department of X.

Job Title: Postgraduate Researcher, Step I

Job Site: Biology Department, University Of Nevada, Reno

Job Duties: Research in the area of molecular genetics of plant pathogenic bacteria including but not limited to: cloning, sequencing, enzyme assays, plant transformation, and plant gene expression, and other research necessary for an on-going research project.

Qualifications: **[Write here the minimum qualifications for position—not the scholar's actual qualifications.]** PhD in Plant Pathology or related field; experience in lab cultures preferred; no teaching duties required; no postgraduate research experience required.

Salary: 100% position with annual salary of \$38,000.

Benefits: 16 hours vacation leave/8 hours sick leave per month; full medical ins.

The above job description, including salary and job duties, is agreed upon by:

Supervisor/Principal Investigator/Chair: _____

Date: _____