

H-1B Request for Sponsorship

Directions: Complete this form and email to isso@unl.edu with a copy of the official job description.

Disclosure: Please note, the information listed on this form will be submitted to United States Citizenship and Immigration Services (USCIS). Do not use acronyms or leave fields blank.

A) Contact Information

- 1) Hiring Department: _____
- 2) Complete Campus Address: _____
- 3) Department Contact Name: _____
- 4) Phone: _____ 5) Email: _____

B) H-1B Position Information

- 1) Start date of H-1B period: _____ End date: _____ Must be within 3 years of start date
- 2) Position Title: _____
- 3) Intended Annual Salary: \$ _____
- 4) Full time or Part time (hours/week): _____
- 5) Hiring Authority Full Name, with middle initial: _____
- 6) Hiring Authority Title: _____
- 7) Basis for H-1B Classification, please mark one:
 - New H-1B employment
 - Continuation of previously approved employment without change with the same employer
 - Change in previously approved employment
 - New concurrent employment
 - Change of H-1B employer
 - Amended H-1B petition

C) Prevailing Wage Information

The **prevailing wage** is the average wage of all persons performing the same work in a given county, as determined the U.S. Department of Labor. The *Required Wage* is the greater of the *Actual Wage* (what you are intending to pay) or the *Prevailing Wage*. The beneficiary must be paid at least the *Required Wage* if hired for this job under a H1-B petition.

- 1) Job Location Address _____ City _____ State _____
 Zip code _____ County Lancaster Other: _____
- 2) Will the Beneficiary be required to work at an additional job location in the U.S.? No
 Yes, additional location address: _____
- 3) Degree Required: Bachelors Masters Doctorate Other
 In which field? _____
- 4) Can the degree be in a related field? No
 Yes, related field(s): _____
- 5) Is post-degree experience required? No Yes (specify years)
- 6) Specify any required certification or professional
 licensing: _____
- 7) Is this a postdoctoral training position? Yes No
- 8) Is travel required for the position? Yes No (*This does not include travel to conferences.*)
- 9) Does the position supervise **full-time** employees? Yes How many? ____ No
- 10) Are there other conditions affecting the pay rate? Please explain:

D) Actual Wage Information

- 1) Are there employees in the department with the same title and with qualifications and duties *comparable* to those of the position you are hiring for?

Factors to determine comparability are:

- Work experience
- Individual qualifications
- Education
- Job function
- Specialized knowledge
- Other business factors

No, there are no similarly employed persons in the department.

Yes, there are similarly employed persons in the department. Please list below:

Full Name	Annual Salary

E) Beneficiary Information

Demographic Information

- 1) Family Name _____
- 2) Given Name _____
- 3) Male Female 4) Date of Birth _____ (MM/DD/YYYY)
- 5) Country of Birth _____
- 6) Country of Citizenship _____

Immigration Information

- Beneficiary is currently outside the United States and has no immigration status (proceed to question 8)
- 7) Current immigration status _____ Date of Expiry _____
- 8) Has the beneficiary ever been in J-1 or J-2 status? No (proceed to question 9)
 - a. Yes, from _____ to _____
 - b. Was the beneficiary made subject to 212(e), the two year home country physical presence requirement? No Yes
 - c. Was the beneficiary granted a waiver of 212(e)? No Yes

Education

- 9) Highest degree achieved _____ Field _____
Awarded by _____ Date _____
- 10) How many years of post-degree experience does the beneficiary have? _____
- 11) Does the beneficiary have a license or certification relevant to the position? No
 Yes, What type? _____

Current Employment

- Beneficiary not currently employed in the United States (proceed to question 14)
- 12) Position title _____
- 13) Employer/Company _____

Family/Dependents

- 14) Does the beneficiary have a spouse and/or child that will require H-4 dependent classification? No Yes, proceed to question 15
- 15) Will spouse/child be in the United States at the time the H-1B petition is filed? No
 Yes, please list below:

	Family Name	Given Name	Date of Birth	Current Immigration Status
Spouse				
Child				
Child				
Child				
Child				

Continue below, if necessary

Do you want to pay \$2500 to have this request processed using Premium Processing? This means your request will pend with USCIS no more than 15 days.

Yes, we want this processed using Premium Processing.

No, we will use regular processing.

Notes/Comments: