 **H-1B Visa-Beneficiary Data Collection Form**

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| **Requested Action** (check one) |

The H-1B visa can be requested for a period of three (3) years with the possible opportunity of renewal for an additional three (3) years for a total maximum of six (6) years. However, for researchers working on grants, the contracts are renewed on an annual basis.

[ ]  **New H-1B** (A status changing for someone currently residing in the U.S. in a different visa status or for a new international person who is living abroad)

[ ]  **Transfer H-1B** (Person has an H-1B with another employer but will leave the other employer)

* What is the last day of employment with the current employer? Click or tap here to enter text.
* Note that employment with the other employer must continue until the H1B petition is filed with USCIS. Employee may begin work once the petition is filed and the USCIS case is generated.

[ ]  **Extension H-1B** (Person is in H-1B status at CSUN and appointment is being continued)

* For an H-1B extension request, the employee must contact Faculty Affairs 6 months prior to the expiration of the H-1B.

[ ]  **Amendment H-1B** (Person is in H-1B status at CSUN but terms of employment will change)

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| **Information about the H1-B applicant** |

SEVIS ID if proposed visitor previously participated in the J-1 program: Click or tap here to enter text.

**Legal Name as shown on Passport:**

Last Name: Click or tap here to enter text. First Name: Click or tap here to enter text.

Middle Name:Click or tap here to enter text.

**Other Names Used:**

Last Name (Family Name): Click or tap here to enter text. First Name: Click or tap here to enter text.

Middle Name:Click or tap here to enter text. Passport Name: Click or tap here to enter text.

**Biographical Information:**

Birth date: Click or tap to enter a date. Country of Birth: Click or tap here to enter text.

Province of Birth: Click or tap here to enter text. Country of Citizenship: Click or tap here to enter text.

Country of Legal Permanent Residence: Click or tap here to enter text.

**Current U.S. Address** *(if applicable)*: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text.

Postal Code/Zip Code: Click or tap here to enter text. Home Phone Number: Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text. U.S. Email Address: Click or tap here to enter text.

**Last** **Foreign Address**: Click or tap here to enter text.

City: Click or tap here to enter text. State/Providence: Click or tap here to enter text.

Country: Click or tap here to enter text. Postal Code/Zip Code: Click or tap here to enter text.

International Home Phone Number: Click or tap here to enter text.

International Cell Phone Number: Click or tap here to enter text.

International Email Address: Click or tap here to enter text.

**Permanent Foreign Address (**parents or family member**)**: Click or tap here to enter text.

City: Click or tap here to enter text. State/Providence: Click or tap here to enter text.

Country: Click or tap here to enter text. Postal Code/Zip Code: Click or tap here to enter text.

**Educational Background:**

Highest Degree earned: Click or tap to enter a date. Field of Study: Click or tap here to enter text.

Date Degree Conferred: Click or tap here to enter text. University: Click or tap here to enter text.

**University Address for last degree earned:**

Number and Street: Click or tap here to enter text. City, State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text. Country: Click or tap here to enter text.

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| **Sponsor Academic Department Information** |

College: Click or tap here to enter text. Host Department/Program: Click or tap here to enter text.

Mail Code: Click or tap here to enter text. H1-B employee Supervisor: Click or tap here to enter text.

Supervisor Email: Click or tap here to enter text. Ext#: Click or tap here to enter text.

Host Department Administrative Contact Name: Click or tap here to enter text.

Admin Contact Email: Click or tap here to enter text. Ext#: Click or tap here to enter text.

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| **Position Information** |

 **Payroll title of the position:** Assistant, Associate, Professor, FT Librarian, FT Counselor, FT Lecturer, Postdoc Scholar:

Click or tap here to enter text. Annual Salary: Click or tap here to enter text. [ ]  Research Position [ ]  Teaching Position

For researcher/scholar (not tenure-track faculty), indicate the typical work schedule:

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| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |

**Address where work will take place** (indicate ALL possible locations)**:**

**Primary Location Name:** Click or tap here to enter text.

College: Click or tap here to enter text. Host Department/Program: Click or tap here to enter text.

Number and Street: Click or tap here to enter text. City, State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text. Country: Click or tap here to enter text.

**Secondary Location Name:** Click or tap here to enter text.

College: Click or tap here to enter text. Host Department/Program: Click or tap here to enter text.

Number and Street: Click or tap here to enter text. City, State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text. Country: Click or tap here to enter text.

Provide a brief description of the proposed position duties. (Be specific and concise):

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| **Supervising Department Certification** |

**Read and initial the following statements:**

**\_\_\_\_\_** I hereby certify that the information in this form is correct and complete.

**\_\_\_\_\_** I understand that inaccurate information which is discovered by the USCIS could result in serious penalties for the University.

**\_\_\_\_\_** I understand that a Labor Condition Application will be filed with the Department of Labor, stating the job title, salary, and dates of employment, and that I will therefore comply with the conditions reported to the Department of Labor.

**If the employee is dismissed before the H-1B status expires, I agree to:**

**\_\_\_\_\_** Notify the Office of Faculty Affairs (Attn: Academic Personnel Analyst for H1-B Visas) to update the records and provide additional instructions.

**\_\_\_\_\_** Provide the appropriate termination forms to Human Resources

**\_\_\_\_\_** Pay the reasonable transportation costs for the employee, to his/her home country, as mandated in the Immigration Act of 1990.

**\_\_\_\_\_** I understand that if the H-1B employee needs to travel outside of the U.S. and if must apply for a new H-1B visa to allow re-entry to the U.S., that there is a risk of delay in his/her obtaining the visa because of security checks by government agencies. The delay may be from a few weeks to several months.

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| **Signatures of Approval** |

**H1B employee’s Supervisor:**

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Name / Title Signature Date Phone Ext.

**Department Chair:**

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Name / Academic Department Signature Date Phone Ext.

**Dean:**

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Name / College Signature Date Phone Ext.

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| **Checklist of Supporting Documents \*Do Not send via email\*** |

Upload to a BOX (https://mycsun.account.box.com/login) folder any of the additional documents and information listed below that are applicable:

**CSUN offer letter = Faculty Affairs provides**

**Copy of Department Recruitment Record = Faculty Affairs provides**

[ ]  Copy SSN Card

[ ]  Copy of passport ID Page

[ ]  Copy of U.S. Visa Page in passport

[ ]  Copy of most recent I-94 with entry stamp

[ ]  Copy of I-20 showing OPT or STEM extension, if currently on F-1 status

[ ]  Copy of Employment Authorization Card issued from USCIS for OPT

[ ]  Application approval for STEM Extension, if applicable

[ ]  Copies of all prior H-1B approval notices, I-797A or I-797B

[ ]  Copies of all degree diplomas, ie bachelor’s, Master, etc.

[ ]  Copies of all university transcripts

[ ]  Copy of resume in MS word format

[ ]  Copies of most recent 3 pay statements from current employer

[ ]  Spouse’s passport ID

[ ]  Spouse’s O-1 Approval notice

[ ]  Spouse’s passport ID page

[ ]  Spouse’s most recent I-94

[ ]  Spouse’s 2 most recent pay statements from O-1 employer

[ ]  Copy of marriage certificate

**Return Completed form to:**

Ashley Thompson ashley.thompson@csun.edu

Email: international.scholars@csun.edu

Office of Faculty Affairs

VH 305, Mail Code: 8220