

DEPARTMENT CHECKLIST

Please be aware that each of the following forms and/or steps must be followed for initial H-1B1 petitions, extensions of H-1B1 status, and/or amendments to H-1B1 status.

STEP #1

- ✓ Complete the **Department Information for Prevailing Wage Request** form and return to OISS by mail or via fax to 859-572-6178
- ✓ Complete/Sign **Departmental Worksheets I and II** and return originals to OISS.
- ✓ Read/Sign the **Declaration of the Department** and return original to OISS.

STEP #2

- ✓ Prepare the **Department Sponsorship Letter** (see sample letter in this packet), addressed to USCIS, and send signed original to OISS. The letter should include:
 - Job Title
 - Salary
 - Whether or not there are fringe benefits included
 - Whether the position is part-time or full-time
 - Beginning and ending dates or appointment
 - A detailed statement about the proposed duties and the minimum educational requirements.
 - An explanation regarding how the prospective employee qualifies for the position.

STEP #3

- ✓ Post the Form **Official Notice of an H-1B1 Petition** in a public area of the department when requested by OISS. OISS will provide this form to you at the appropriate time.

STEP #4

- ✓ Notify OISS if/when the international resigns or is terminated. Refer any questions to OISS. (NOTE: OISS will create and maintain a "Public Inspection File," as required by law, on the international for the entire period that he/she is employed in the department in H-1B1 status plus one additional year.

Mail all documents to:
Northern Kentucky University
Office of International Students and Scholars (OISSS)
University Center, Room 366
Highland Heights, KY 41099
859-572-6517 (ph.) 859-572-6178 (fax)

H-1B Request Packet

Office of International Students and Scholars (OISS)

BASIC H-1B1 VISA CLASSIFICATION INFORMATION:

- ⌚ This status is used to employ professionals temporarily for periods of up to six years.
- ⌚ Each H-1B1 petition may be for a period of time up to three years; however, an employer may not sponsor an international for a period of time that exceeds guaranteed funding. If funding can only be guaranteed for one year at a time, then the international may extend his/her status each year (up to a total of six years).
- ⌚ The position must require a minimum of a bachelor's degree and the international must possess at least a bachelor's degree or its equivalent in the field in which he/she is seeking employment. Internationals with an equivalency in work experience may be required to provide substantial documentation. The international must possess all of the standard qualifications for the position.
- ⌚ The H-1B1 status is employer specific; therefore, the international may only work for the employer who sponsors his/her status. However, the international may have more than one H-1B1 visa and work for more than one employer as long as each employer has an approved petition on his/her behalf.
- ⌚ The H-1B1 visa status recognizes dual intent. This means that the international may apply for permanent residency while in H-1B1 status; however, he/she is strongly urged to make the OISS aware of his/her plans so that we may advise the international properly. If the international's application for permanent residency is based upon the position he/she currently holds at the Northern Kentucky University, he/she **MUST** have such documents filed by the OISS (For more details, see the Policy Statement Regarding Sponsorship for U.S. Lawful Permanent Resident (LPR) Status at: <http://oiss.nku.edu>)
- ⌚ The international will be given a copy of his/her approved Labor Condition Application when he/she receives all of the H-1B1 paperwork upon approval. This form shows the international's actual wage (what he/she is actually being paid) and the prevailing wage (what the State of Pennsylvania has determined to be the average wage for his/her position). If the international is not receiving the actual wage listed on the Labor Condition Application, he/she should contact the OISS immediately.

USCIS FEES THAT MUST BE PAID BY DEPARTMENT:

Pursuant to federal regulations at 20 C.F.R. § 655.731(c)(9)(ii), (c)(9)(iii)(C), and (c)(10)-(11), the following fees **MUST** be paid by the employer as a normal business expense¹:

- (1) USCIS H-1B Application Fee: **\$320**;
- (2) DHS Fraud Prevention Fee: **\$500** (*not required for extensions*);
- (3) USCIS Premium Processing Fee: **\$1,000** (*optional*)²

All fees referenced above must be paid by the employer, except where noted, in the form of a check or money order made payable to "**Department of Homeland Security**." All checks or money orders should be submitted to OISS with all other application materials and should **NOT** be sent directly to USCIS.

Separate checks must be submitted for each fee. For internal check processing purposes at NKU, please use the following address information for all checks (but again, do **NOT** send checks directly to this address; send to OISS): USCIS California Service Center,

¹ Departments may not charge back these fees to the foreign national employee in any manner whatsoever, nor otherwise expect repayment from the foreign national employee. Failure to comply with these guidelines is a very serious legal matter that could subject your department and the University as a whole to significant assessments of back pay, civil money penalties, and/or disqualification from the H-1B and other immigration programs.

² If the petition is being submitted via "premium processing" because the department needs the foreign national employee to start right away, then the department **MUST** pay the \$1,000 fee. If the petition is being submitted via "premium processing" for reasons purely personal to the foreign national employee, then the employee may pay the fee of \$1,000. Under no circumstances may the department require the international to pay the premium processing fee.

**DEPARTMENT INFORMATION FOR
PREVAILING WAGE REQUEST FORM**

Name of Employee: _____ Social Security Number: _____

Phone: _____ Fax: _____ E-mail: _____

Employee will apply for H-1B1 status: OUTSIDE THE U.S. _____ OR INSIDE THE U.S. _____

This is a request for: EXTENSION _____ AMENDMENT _____ NEW H1-B PETITION _____

Departmental Contact Person: _____ Phone: _____

Fax: _____ E-mail: _____

Department/School Name and Address: _____

Supervisor Name/Title (if different than contact person): _____

Employee's Job Title: _____ Employee's Salary: _____ p/ _____

NOTE: If this is a *staff* position, you **MUST** include position number (_____) and name of HR representative for your department (NAME: _____).

Fringe Benefits: YES NO Amount: \$ _____

Job Location: _____

H-1B1 status being requested (mm/dd/yyyy) FROM _____ TO _____

Number of Hours per week: _____ FULL TIME: PART TIME:

Primary Duties/Tasks: (**NOTE:** Please provide a **detailed** description of position including a **justification** for hiring this worker.)

Will the employee be under direct supervision? YES NO

State the **MINIMUM** education required: Ph.D. M.D. M.S. B.A./B.S. Field: _____

(NOTE: Please specify the field(s) of study required.)

Are there any licenses required to perform the duties of the position? YES NO

If "YES" to the previous question, please list the required license(s): _____

State the **MINIMUM** number of years experience required: less than 1 1-2 3-4 4-5 5+

Can any of the experience be gained through an educational program? YES NO Number of years: _____

Number of employees the employee will supervise (excluding student workers): _____

DEPARTMENT WORKSHEET I

CONFIDENTIAL — For Public Inspection File ONLY

Name of Employee: _____

Position Title: _____

Total number of individuals with the same title employed or appointed in the department: _____

If there are no so-titled individuals having similar experience and qualifications (such as education, job responsibility and function, specialized knowledge etc.) for the specific employment in question, please indicate what makes the H-1B1 applicant's position unique:

In the spaces below, list all employees in the department who hold the above listed title AND:

- 1) Have the same type of duties and responsibilities as the beneficiary of this petition AND
- 2) Have qualifications, education and experience similar to the beneficiary of this petition

USE ADDITIONAL PAGES, IF NEEDED

EMPLOYEE	START DATE	CURRENT SALARY
A.		
B.		
C.		
D.		
E.		
F.		
G.		
H.		
I.		

DEPARTMENT WORKSHEET II

Name of Employee: _____

The following information must be kept in a public inspection file. Please describe the system used by your Department to determine the salary specifically for the H-1B1 applicant and the system used to determine the salaries of so-titled individuals:

	H-1B1 APPLICANT	OTHER SO-TITLED EMPLOYEES
Were University Guidelines followed in determining wage? If yes, state appropriate pay grade and the minimum and maximum salaries for that grade. (NOTE: This question is for <i>staff positions only</i> , not faculty.)	YES <input type="checkbox"/> NO <input type="checkbox"/> Pay Grade: _____ Min Salary: _____ Max Salary: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pay Grade: _____ Min Salary: _____ Max Salary: _____
Were NIH Guidelines followed in determining wage?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Please list previous experience that was taken into consideration when determining salary.		
Please list qualification such as level, subject area, skills, ability, specialized knowledge, etc. that were taken into consideration when determining salary.		
Please list any supervisory and /or independent work factors for the position that were taken into consideration when determining salary.		
Is this position considered to be a faculty or staff position? If staff position, was the human resource office involved in the hiring process?	Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Human Resources <input type="checkbox"/> Faculty Affairs <input type="checkbox"/>	Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Human Resources <input type="checkbox"/> Faculty Affairs <input type="checkbox"/>

Signatures Required

Name/Signature of Individual Providing Information	Title	Telephone Number	E-mail
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Name/Signature of Department Director/Hiring Authority	Title	Telephone Number	E-mail
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DECLARATION OF THE DEPARTMENT

NAME OF H-1B1 APPLICANT: _____

The department will comply with the following regulations during the H-1B1 application process and during the employment of the above-named foreign national under the terms of H-1B1 status.

NOTE: Every box must be checked in order to indicate that the employer will comply with each statement.

- Return airfare to home country will be paid to the Alien (employee) if he/she is dismissed prior to the end date of the H-1B status granted by USCIS.
- H-1B1 nonimmigrants will be paid the actual wage level to those individuals with similar experience and qualifications for the specific employment in question or the prevailing wage level for the occupation in the area of employment whichever is higher.
- The employment of H-1B1 nonimmigrants will not adversely affect the working conditions of workers similarly employed in the area of intended employment.
- On the date that this application is signed and submitted, there is no a strike, lockout or work stoppage in the course of a labor dispute in the occupation in which the H-1B1 nonimmigrants will be employed at the place of employment.
- By posting a notice of this filing in a conspicuous place for (10) days, notice of the application will be provided to workers employed in occupations similar to the proposed H-1B1 nonimmigrant worker. A public inspection file will be kept in a place within the place of employment and made available upon request
- The department will be responsible to notify OIS of any substantial changes in the H1B visa holder's employment (terms of employment, place of employment, transfer to another university department, significant changes in duties, salary increases over 25% or more, termination, resignation, etc.). **It is the responsibility of the department to inform OIS immediately. Federal regulations require that USCIS be notified prior to any changes in employment taking place.**

SIGNATURE OF DEPARTMENT HIRING AUTHORITY

"Pursuant to 28 USC 1746, I declare under penalty of perjury that the information provided on this form is true and correct. In addition, I declare that I will comply with the Department of Labor regulations governing this program and that I will make this application, supporting documentation, and other records, files, and documents available to officials of the Department of Labor, upon their request, during any investigation under this application or the Immigration and Nationality Act."

Name & Title of Hiring Authority

Signature

Date

SAMPLE Department Letter for USCIS in Support of the H-1B

SAMPLE LETTER FOR INITIAL H-1B1

Date

U.S. Citizenship and Immigration Services
California Service Center
ATTN: CAP EXEMPT H-1B Processing Unit
P.O. Box 30040
Laguna Niguel, CA 92607-3004

Dear Adjudicator:

This letter is being written in support of the H-1B1 non-immigrant petition filed by Northern Kentucky University on behalf of Dr. Jane Doe.

Northern Kentucky University's, College of Arts and Sciences, established the Department of Health Policy and Management to conduct research into the areas of health services and development. The Department is currently seeking to fill the position of Program Coordinator II. The individual selected for this position will be responsible for the design and supervision of physiologic and behavioral data collection that are part of a research study of Anger and Cardiovascular Risk in Urban Youth supported by the National Health, Lung and Blood Institute. The position will also include supervision of technicians conducting impedance cardiography and related physiologic studies of cardiac and vascular function under mental stress. The qualified applicant must possess a masters degree or higher in a related field of study.

Dr. Doe is particularly and uniquely suited for this position. She is a clinical psychologist with expertise in psychophysiological assessment. As part of her academic training she has written a masters thesis on "Cognition Associated with the Experience of Anger" and a doctoral thesis on "Modes of Anger Expression and their Relation to Cardiovascular Reactivity". The Department of Health Policy and Management has not come across any other candidates with such a similarly suited background. Her expertise is critical to achieving the goals of the referenced project and there are other projects pending support that will also require her skills. Dr. Doe is also experienced in data analysis and has developed the essential administrative skills.

We seek H-1B status for Dr. Doe beginning September 1, 2007 through August 31, 2009 at an annual salary of \$40,000.00. Dr. Doe will be eligible for all benefits available to other similarly situated employees. Should Dr. Doe be dismissed before the end of her authorized period of stay, the Department of Health Policy and Management will be responsible for the costs of her return transportation abroad.

You must include the following language in the closing paragraph and attach a copy of the original or most recent offer letter:

"The actual terms of the individual's employment are set forth in the letter of appointment issued by Northern Kentucky University, dated [INSERT DATE] (see attached). This letter in support of the H-1B petition is in no way intended to amend or alter the terms set forth in the appointment letter."

Thank you for your consideration in this matter.

Sincerely,

SAMPLE Department Letter for USCIS in Support of the H-1B

SAMPLE LETTER FOR Extension/Amended H-1B1

Date

U.S. Citizenship and Immigration Services
California Service Center
ATTN: CAP EXEMPT H-1B Processing Unit
P.O. Box 30040
Laguna Niguel, CA 92607-3004

Dear Adjudicator:

This letter is being written in support of an extension for the H-1B1 petition filed by Northern Kentucky University on behalf of Dr. Jane Doe.

Dr. Jane Doe, a clinical psychologist, has been responsible for the design and supervision of physiologic and behavioral data collection that are part of a research study of Anger and Cardiovascular Risk in Urban Youth supported by the National Health, Lung and Blood Institute. Dr. Doe's expertise is critical to achieving the goals of the referenced project and other projects pending support that will also require her skills.

We wish to extend Dr. Doe's H-1B petition for a period beginning September 1, 2007 through August 31, 2009 at an annual salary of \$40,000.00. Dr. Doe will be eligible for all benefits available to other similarly situated employees. Should Dr. Doe be dismissed before the end of her authorized period of stay, the Department of Health Policy and Management will be responsible for the costs of her return transportation abroad.

You must include the following language in the closing paragraph and attach a copy of the original or most recent offer letter:

"The actual terms of the individual's employment are set forth in the letter of appointment issued by Northern Kentucky University, dated [INSERT DATE] (see attached). This letter in support of the H-1B petition is in no way intended to amend or alter the terms set forth in the appointment letter."

Thank you for your consideration in this matter.

Sincerely,

PART II

APPLICANT INFORMATION AND RESPONSIBILITY

H-1B Applicant Checklist

NEW H-1B INSIDE OF THE UNITED STATES

- ⌚ Applicant Worksheet.
- ⌚ Mandatory Statement Form.

TWO COPIES OF:

- ⌚ Diplomas* and English translations.
- ⌚ Transcripts and English translations.
- ⌚ Medical License (if applicable).
- ⌚ I-94 card (front & back).
- ⌚ Passport ID & visa stamp page.
- ⌚ CV.

If your degree was awarded by an educational institution outside of the United States, you MUST submit a professional credential evaluation stating the U.S. equivalent of your degree. **SEE EVALUATION SERVICES ***

If Currently in J-1/J-2 Status:

2 copies of:

- ⌚ All IAP-66/DS-2019 Forms.
- ⌚ Home residency waiver Form I-612 (if applicable).
- ⌚ Marriage certificate and translation if J-2 status.

If Currently in F-1/F-2 Status:

2 copies of:

- ⌚ All I-20 Forms (including spouse Forms if F-2).
- ⌚ EAD card (if applicable).
- ⌚ Marriage certificate and translation if F-2.

DEPENDENT CHECKLIST (spouse or child):

- ⌚ Form I-539.
- ⌚ **\$300.00 fee.**
- ⌚ Proof of dependent relationship to applicant.
- ⌚ Copies of dependent(s)' I-94 card(s) (front & back).*
- ⌚ Passport ID & visa stamp page.

NOTE: Please be sure to include copies of the I-94 card that contains the *initial* entry stamp in addition to any other I-94 cards.

NEW H-1B OUTSIDE OF THE UNITED STATES

- ⌚ Applicant worksheet.

TWO COPIES OF:

- ⌚ Diplomas* and English translations.
- ⌚ Transcripts and English translations.
- ⌚ Medical License (if applicable).
- ⌚ Passport ID.
- ⌚ CV.
- ⌚ Any former immigration documents that you obtained from previous stays in the U.S.

If your degree was awarded by an educational institution outside of the United States, you MUST submit a professional credential evaluation stating the U.S. equivalent of your degree. **SEE EVALUATION SERVICES ***

NOTE: Please contact the U.S. Embassy/Consulate where you will be getting the visa and find out what documentation is required at the time of application and how far in advance you must make an appointment.

*(Please note that **Canadian** citizens are exempt from visa requirements.)*

****EVALUATION SERVICES:**
Evaluations of educational credentials from all countries of the world, please consult one of the following web sites:

<http://www.wes.org>

<http://www.aacrao.org/credential/index.htm>

<http://www.aice-eval.org>

<http://www.naces.org>

H-1B EXTENSION ALREADY WORKING AT NKU:

- ⌚ Applicant worksheet.
- ⌚ Mandatory Statement Form.
- ⌚ 2 copies of updated CV.
- ⌚ 2 copies of most recent I-94 card (front and back).
- ⌚ Passport ID.

IF IN H-1B STATUS SEEKING A CHANGE OF EMPLOYER TO NKU:

- ⌚ Applicant worksheet.
- ⌚ Mandatory Statement Form.

TWO COPIES OF:

- ⌚ All previous Forms I-797.
- ⌚ Diplomas* and English translations.
- ⌚ Transcripts and English translations.
- ⌚ Medical License (if applicable).
- ⌚ I-94 card (front & back).
- ⌚ Passport ID & visa stamp page.
- ⌚ CV.
- ⌚ Pay stubs from current employer.

If your degree was awarded by an educational institution outside of the United States, you MUST submit a professional credential evaluation stating the U.S. equivalent of your degree. **SEE EVALUATION SERVICES ***

Completed by dependents:

- ⌚ Form I-539.
- ⌚ All previous Forms I-797.
- ⌚ **\$300.00 fee.**
- ⌚ Proof of dependent relationship to applicant.
- ⌚ Copies of dependent(s)' I-94 card(s) (front & back).*
- ⌚ Passport ID & visa stamp page.

APPLICANT WORKSHEET

(PLEASE PRINT LEGIBLY)

A. Biographical Information

Name: _____
Family Name *Given Name* *Middle Name*

Gender: Male Female Marital Status: Married Single Date of Birth ____ / ____ / ____
mm *dd* *yyyy*

U.S. Social Security Number, ITIN, or University ID: _____

City of Birth: _____ Province of Birth: _____

Country of Birth: _____ Country of Citizenship: _____

Country of Legal Permanent Residence: _____ Country of Last Residence: _____

U.S. Home Address:

Street Address _____

City, State/Province _____

Country and Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Foreign Address:

Street Address _____

City, State/Province _____

Country and Postal Code _____

Telephone _____ Fax _____ E-Mail _____

B. Immigration Information

Please check "yes" or "no" to the following questions:

a. Are you in possession of a valid passport? yes no (please explain on reverse side)

Passport issue date: _____ Passport expiration date: _____

Passport number: _____

b. Are you filing for any dependents with this application? yes no

If yes, how many dependents? _____

For each of your dependents, please provide the following information. Attach additional sheet if necessary.

#1 - Salutation: Dr. Mr. Mrs. Ms. Gender: Male Female Relationship: _____
Family Name: _____ Given Name: _____ Middle Name: _____
Date of Birth (mm/dd/yyyy) ____ / ____ / ____ City & Country of Birth: _____
Country of Citizenship: _____ Country of Legal Permanent Residence: _____
Country of Last Residence: _____ Social Security Number, ITIN, or University ID: _____
Date of Initial Entry to U.S. (mm/dd/yyyy) ____ / ____ / ____ Port of Entry _____
Date of Arrival at Pitt (mm/dd/yyyy) ____ / ____ / ____
Passport Number _____ Issued by (country) _____
Passport Expiration Date (mm/dd/yyyy) ____ / ____ / ____
Visa Status F-2 J-2 H-4 Other: _____ Visa Number (red number on visa) _____
Visa Control Number _____ Visa Expiration Date (mm/dd/yyyy) ____ / ____ / ____
Place of Visa Issuance (city & country) _____ Date of Visa Issuance (mm/dd/yyyy) ____ / ____ / ____
I-94 Admission Number _____ I-94 Expiration Date: (mm/dd/yyyy) ____ / ____ / ____ (If D/S, check here:)

#2 - Salutation: Dr. Mr. Mrs. Ms. Gender: Male Female Relationship: _____
Family Name: _____ Given Name: _____ Middle Name: _____
Date of Birth (mm/dd/yyyy) ____ / ____ / ____ City & Country of Birth: _____
Country of Citizenship: _____ Country of Legal Permanent Residence: _____
Country of Last Residence: _____ Social Security Number, ITIN, or University ID: _____
Date of Initial Entry to U.S. (mm/dd/yyyy) ____ / ____ / ____ Port of Entry _____
Date of Arrival at Pitt (mm/dd/yyyy) ____ / ____ / ____
Passport Number _____ Issued by (country) _____
Passport Expiration Date (mm/dd/yyyy) ____ / ____ / ____
Visa Status F-2 J-2 H-4 Other: _____ Visa Number (red number on visa) _____
Visa Control Number _____ Visa Expiration Date (mm/dd/yyyy) ____ / ____ / ____
Place of Visa Issuance (city & country) _____ Date of Visa Issuance (mm/dd/yyyy) ____ / ____ / ____
I-94 Admission Number _____ I-94 Expiration Date: (mm/dd/yyyy) ____ / ____ / ____ (If D/S, check here:)

c. Are you or dependents in exclusion or deportation hearings? yes no

d. Have you ever been granted or denied **H-1B1** or **H-4** status in the last 7 years? yes no

If you answered **YES**, please list on the back of this form the place and exact dates where previous **H-1B1** or **H-4** was held.

e. Have you ever been granted J-1 Exchange Visitor status? yes no

If **YES**, are you subject to the two-year home residency requirement? yes no

If **YES**, have you fulfilled the requirement or obtained a waiver? yes no

f. Have you filed to adjust your status to U.S. Lawful Permanent Resident Status? yes no
 (i.e., Have you filed a Form I-140, Form I-130, or Form I-485?)

If you answered **YES**, please provide details about the status of your application on the back of this form.

PLEASE NOTE: *If you file for Permanent Residency without our knowledge and problems arise, we are not responsible for complications that may occur since we were unable to properly advise you.*

If **inside** the U.S., please indicate date of last arrival in U.S.: _____

I-94 # (white card in passport): _____

Current visa status _____ Expires on: _____ (do NOT write "D/S")

If **outside** the U.S. or if leaving the U.S., please indicate at which U.S. Embassy/Consulate you will apply for the

H-1B1 visa: _____ (Please note that **Canadian** citizens are exempt from visa requirements.)

C. Academic/Employment History

This needs to be completed in addition to the Curriculum Vitae you will be submitting.

Highest Academic Degree: _____ Major Field of Study: _____

Present occupation: _____ Position held since: _____

Please state the name of each employer, your position, your dates of employment, and visa classification for prior work experience **INSIDE** the United States:

Employer	Position	Dates of Employment	Visa Classification

MANDATORY STATEMENT FOR ALL APPLICANTS

NAME: _____

Please check the option below which best describes your situation and provide the requested information. When you have done so, please indicate your understanding of your employment situation by signing below. *Your application will not be processed without your signature on this page.* If you have difficulty in deciding which classification applies to you, contact the Office of International Students and Scholars (OISS) for clarification. **(CHECK ONE BOX ONLY)**

- I am currently outside the U.S. and seeking to enter to *begin initial* H-1B status at NKU.
- I am currently outside of the U.S. and seeking to re-enter to *continue* my H-1B status at NKU since prior to leaving the U.S. I was in H-1B status at NKU and in the process of filing an extension.
- I am currently in the U.S. but **not** currently employed at NKU. I hold a visa status *other than H-1B*. I do **not** have work authorization that allows me to work at NKU I understand that Northern Kentucky University cannot employ me until the U.S. Citizenship & Immigration Services (USCIS) approves my change to H-1B1 visa classification. I understand that I may not travel while my “change of status” is pending with USCIS.
- I am currently in the U.S. in H-1B status at an employer *other than* NKU. I understand that I **cannot** be employed by NKU until an official Receipt Notice (Form I-797) is issued by USCIS to OISS at NKU, serving as evidence that a “non-frivolous” and “timely-filed” petition for H-1B status has been received by USCIS. I further understand that there is no “grace period” for the H-1B status. Therefore, I should not resign from my current employer until NKU has filed the new petition. **(Note: Failure to abide by this could result in a denial of the new petition.)**
- I am currently in the U.S., employed at NKU, and am applying for a change of status since I currently do **not** hold H-1B status. I currently hold _____ status that expires on _____. I do/ do NOT have a USCIS-issued Employment Authorization Document associated with my current visa status. I understand that I can work only under the terms and conditions of my current work authorization until the day it expires. I also understand that if this H-1B petition is not approved by the day my current work authorization expires, I must be removed from payroll until the H-1B petition is approved. I understand that I may not travel while my “change of status” is pending with USCIS.
- I am currently in the U.S., employed at NKU *in H-1B status*, and am applying for an extension/amendment of that status. I understand that I may continue to work at NKU under the terms and conditions of my current H-1B status. I also understand that, if my current H-1B expires before the extension is approved, I may continue working for an additional 240 days, provided the USCIS receives the petition for extension prior to the expiration of my current H-1B status, as evidenced by an official Receipt Notice (Form I-797). (NOTE: Travel is not advisable during the processing of H-1B extension/amendments. Also, for H-1B1 petitions filed because of proposed changes in employment, the changes may not go into effect until a Receipt Notice (Form I-797) is received by OIS.)

I certify that the statement checked above best describes my situation. I fully understand the limitations of the status I currently hold as described above.

SIGNATURE OF FOREIGN NATIONAL

DATE

Document Certification & Attestation

“I hereby declare, under penalty of perjury, that the copies of documents submitted are exact photocopies of unaltered original documents; and, I further understand that I may be required to submit original documents to an Immigration or Consular Official at a later date.”

Signature

Typed or Printed Name

Date