

REQUEST FOR H-1B EMPLOYEE STATUS

The H-1B visa is for specialty occupations requiring at least a bachelor's degree in a specific field of endeavor. Questions in this form relate directly to the Labor Condition Application (LCA) filed with the US Department of Labor; and to Form I-129 filed with the US Department of Homeland Security. All questions must be answered as precisely as possible.

This form must be completed by the hiring/sponsoring department, except for section iii, which must be completed by the sponsored employee. Once completed, submit to Loveness Schafer (Associate Director, International Services) accompanied by the necessary attachments, forms and fees as listed on the [H-1B Checklist](#). Please submit the request about 6 months before the proposed beginning of employment to allow for adequate processing time.

SECTION I: GENERAL INFORMATION

1. Employee's name _____
(Family/Last) (First/Given) (Middle Name)

2. This request is for:

- Consular Notification (employee is currently abroad)
- Change of Status (employee is in the U.S. in a different non-immigrant status)
- Change of Employer (employee has H-1B filed by another employer and will leave the other employer)
- Extension of Stay (employee has H-1B status sponsored by LSU; employment contract has been renewed)
- Amendment (employee is in H-1B status at LSU; terms of employment will change)
- Concurrent H-1B (employee has an H-B, needs another H-1B for additional employment)

3. If request is for change of employer, what is the last day of employment with the current employer? _____
Note: employment with current employer must continue until LSU petition is filed with USCIS.

4. The requested date of H-1B status is from _____ to _____
Note: A maximum of 3 years can be requested at one time.

SECTION II: DEPARTMENT INFORMATION

1. Host Department: _____

2. Campus address: _____

3. Name of Administrative Contact: _____

Phone #: _____ Email address: _____

4. Name of supervisor/sponsor _____

5. Job title of Supervisor _____ Phone #: _____

SECTION III: EMPLOYEE INFORMATION (To be completed by employee)

<p>Biographical information</p> <p>Sex (m/f): _____ Date of birth: _____</p> <p>Country of birth: _____</p> <p>Province of birth: _____</p> <p>Country of citizenship: _____</p> <p>Passport number: _____</p> <p>Passport Issue Date: _____</p> <p>Country of issuance: _____</p> <p>Expiration date: _____</p> <p>Social Security Number: _____</p>	<p>Contact information</p> <p>Home phone: _____</p> <p>Work phone: _____</p> <p>Email: _____</p> <p>Local address: _____</p> <p>_____</p>
<p>Foreign address</p> <p>Street number & name: _____</p> <p>Apt.Ste.Flr. number: _____</p> <p>City or Town: _____</p> <p>State or Province: _____</p> <p>Postal Code: _____</p> <p>Country: _____</p>	<p>Your U.S Consulate Abroad</p> <p>City: _____</p> <p>Country: _____</p> <p>For Canadians, check one of the boxes below and fill in the City and Country above.</p> <p><input type="checkbox"/> Pre-flight inspection</p> <p><input type="checkbox"/> Port of Entry</p>
<p>Processing information</p> <p>Date of <u>last</u> arrival in US: _____ I-94 number from last <u>arrival</u> in US: _____</p> <p>Current immigration status: _____ Status expiration date: _____</p> <p>List any time in H status in the US in the last six years: _____</p> <p>Have you ever been denied an H-1B visa or status? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, provide an attachment giving the date that the petition was filed, where it was filed and who filed it.</i></p> <p>Have you ever been in J-1/J-2 status? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, attach copies of all DS-2019s as well as any IAP-66s and J-1 visa pages. If subject to Section 212(e), proof of fulfillment OR waiver of two-year home residency requirement will need to be included.</i></p> <p>Have you ever applied for a green card (Labor Certification, I-140, or I-485)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, explain; provide an attachment giving date that the petition was filed, who filed it, and the current status of the petition. Please also attach a copy of government receipt or approval notice.</i></p> <p>Are you currently abroad <u>and/or</u> do you anticipate being abroad when the petition is pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, provide dates and location of trip: _____</i></p> <p>Marital status: _____ Number of dependents (spouse and children under the age of 21): _____</p> <p>Which dependents (if any) need H-4 dependent status? _____</p> <p>List any time dependents have been in H status in the US in the past six years: _____</p>	

Please attach a statement listing all periods during which you have been employed in the U.S.

This should include employer, position title, visa classification, and dates for each employment.

➔ ***I certify that the information provided in Sections III & IV of this form is correct and complete.***

Employee's signature: _____

Employee's name: _____ Date: _____

SECTION IV: INFORMATION ABOUT THE POSITION AND THE EMPLOYEE

POSITION

1. Job Title: _____
2. Position Number (From WorkDay) _____
3. Site of employment: _____
4. Is it a Full Time Position? _____
5. Wages per year: _____
6. Minimum Education required _____
7. Field of study required _____
8. If applicable, years of experience required _____
9. Special Skills _____
10. Provide a summary of job duties: _____

EMPLOYEE

1. Does employee receive income from another employer? () Yes () No
2. *If yes, explain* _____
3. Employee's highest level of education: _____
4. Major Field of Study: _____
5. Institution awarding the degree: _____
6. Date degree was awarded: _____
7. Employee's present occupation _____
8. Current Employer _____
9. Years of experience _____

I hereby certify that the information in this form (Sections I, II, & IV) is correct and complete. I recognize that inaccurate information could result into serious penalties for the University. I understand that a Labor Condition Application (LCA) will be filed with the US Department of Labor, stating the job title, salary, dates of employment, and other terms of H-1B employment. The LCA will be posted in a public location for at least 10 business days. I will comply with the conditions listed on the LCA. If the employee is dismissed before the H-1B status expires, I agree to pay reasonable transportation costs for the employee, to his/her home country, as mandated in the Immigration Act of 1990.

Department Head's signature: _____ Date: _____

Department Head's name: _____ Phone: _____