



Clemson University H-1B Information Checklist

Contact Information: Email: empvisa@clemson.edu

Phone: 864-656-0490

Location: 108 Long Hall, Clemson 29634

PLEASE READ

H-1B petitions should be received by our office up to **seven months** in advance of the employment start date or current H-1B end date, but **no later than 3 months**. However, if the H-1B employee needs to obtain an H-1B visa overseas, please allow additional time.

When should I apply?

Please notify us at empvisa@clemson.edu as soon as the candidate has accepted the position. H-1B petitions can be filed with USCIS up to six months in advance to the employment start date (new) or current H-1B end date (renewal), but no later than 3 months in advance.

Can the process be expedited?

USCIS does provide expedited processing for an additional fee. **This premium processing only apply to the final USCIS review and approval, it does NOT expedite campus, attorney or Department of Labor processes.**

1. **No handwritten** applications will be accepted.
2. All signatures must be **original** and in **blue ink**.
3. All supporting documentation should be **legible and single-sided on 8.5" by 11" paper**
4. Please submit all documents in **one package** from the department to: **108 Long Hall**.

For the Foreign National/Beneficiary: Complete Section 1

Include with the H-1B Information Form:

- Copy of most recent curriculum vitae - include name and address of all employers, periods of employment, job titles and detailed job description
- Copy of **detailed job description** if it is not included in the job offer letter
- Copy of transcripts and diploma for highest relevant degree
- Copy of Credential Evaluation if the relevant degree was earned outside of the U.S.
- Complete copy of passport, including all empty pages
- Copy of I-94 (front and back)
- Copy of current/previous H-1B/H-4 Approval Notices (if applicable)
- Copy of I-20s, DS-2019s, EADs (if applicable)
- If currently on dependent status, copy of principal's passport, I-94, I-797, pay stubs, etc.
- Portability (transferring to CU from another employer): 2-3 recent pay stubs and/or employment confirmation letter
- If beneficiary is subject to the Two-Year Home Country Physical Presence requirement, please submit a copy of USCIS Waiver approval notice or Department of State's waiver recommendation letter

Do you have any dependents? ____ How many ____ Do you wish to include them in this petition ____

If you have any dependents, (spouse or child/ren), include the following:

- Marriage certificate if filing form spouse
- Birth certificate if filing for child/ren
- Current passport for each dependent
- Current Visa and I-94
- Notice of Approval of dependent status
- A check of \$370.00 from the beneficiary made to “United States Department of Homeland Security”

For the Hiring Department and Supervisor: Complete Sections 2, 3, 4 and 5. If required, OGE will obtain the signature of Executive Vice President and Provost.

Include with the H-1B Information Form:

- Job offer letter
- Copy of published advertisement for job (for professional appointments)
- Filing Fee (include checks with the packet): Please process each amount as a separate check through CU buy Way\$ payable to: *US Department of Homeland Security*.
\$460.00 base fee: Initial Filing H-1B (*Covers USCIS I-129 Filing Fee*), and
\$500.00 *Fraud Prevention Fees*:
\$1,410: Premium Processing Filing Fee (*Optional-USCIS guarantees 15 calendar day processing to those Petitioners or Applicants who choose to use this service, This premium processing only apply to the final USCIS review and approval, it does NOT expedite campus, attorney or Department of Labor processes*).
• if Extension or transfer, \$460.00 base fee only + Optional Premium Processing Fee of \$1,410.00

Department FEDEX Account #: _____

Please contact empvisa@clemson.edu or 864-656-0490 with any questions regarding this form

Clemson University H-1B Information Form

This form is to be completed by the department/unit and Foreign National and submitted to the Office of Global Engagement. Using the checklist, the requested documents must accompany this form.

Purpose:

- | | |
|--|---|
| <input type="checkbox"/> New H-1B
<input type="checkbox"/> Extension - Without Changes
<input type="checkbox"/> New Concurrent Employment
<input type="checkbox"/> Extension of Concurrent Employment | <input type="checkbox"/> Portability/Change of Employer (non-CU to CU)
<input type="checkbox"/> Amendment (<i>including a Transfer within CU</i>) Explain: _____
<input type="checkbox"/> Other: _____ |
|--|---|

☐ **Please Expedite!** The department will pay an additional \$1,410 to have USCIS adjudicate the case in 15 days.

Section 1. Foreign National Information

Family/Surname _____ First Name _____ Middle Name _____

Please Provide All Other Names Used (Include maiden names and names used from previous marriages)

Present Address (Street Number and Name) _____ Apt. No. _____

City _____ State/Province _____ Country _____ Zip Code _____

Phone No. _____ E-mail Address _____

Foreign Address and Phone Number in Home Country _____

Country of Citizenship _____ Country of Permanent Residence _____

Place of Birth (City) _____ (Province/State) _____

Date of Birth (mm/dd/yyyy) _____ Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single

SS#: _____ A#: _____ (if you have one)

Passport Number _____ Date Passport Issued : _____ (mm/dd/yyyy) Date Passport expires _____ (mm/dd/yyyy)

What is your current immigration status? _____ Date current status began _____ (mm/dd/yyyy) Expiration of current status: _____ (mm/dd/yyyy)

I-94#: _____ Have you ever held an L-1 status? _____ Have you ever held an H-1B? _____

Have you ever held a J-1 or J-2? _____ Were you ever denied an H-1B visa status? _____

If you answered YES to any of the above, please indicate when you held this status. From _____ To _____ (mm/dd/yyyy)

Have you ever been in the U.S.? _____ If yes, you must complete the section below:

Full U.S. Immigration History

Indicate Any Other Prior US Nonimmigrant or Immigrant Status	Dates in US/Status	If employed in the US, are you still employed with your sponsor?	Following this status, did you leave the US and live outside the US? If yes, how long did you live abroad:

History of US Immigrant or "Green Card" Application Attempts:

- Has an immigrant visa petition or application for permanent labor certification ever been filed on your behalf? Yes__ No __
- If yes, what basis: Family based__ Employer/PERM/I-140 __ National Interest Waiver __I-485__
- Where did you apply and what is the status of the application? _____
- USCIS Receipt Number: _____
- Have you ever applied for an immigrant visa or permanent residence in the US? Yes__ No __

If you are outside the U.S. and will apply for an H1-B entry visa, **or you were denied an extension of stay or change of status, please indicate which U.S. consulate** or inspection facility to be notified if the petition is approved. __Consulate__Pre-flight inspection__Port of Entry__

Embassy or US Port of Entry _____ Foreign Country or US State _____

If you are currently in the US, are you planning any international travels?

If yes, when are you planning to leave?

What is your destination?

When are you planning to return to the US?

Do you wish to apply for a visa overseas?

Emergency contact

Name: _____

Email: _____

Phone: _____

Relationship: _____

Enter Employee's Additional Comment Here (Any comment you feel would be relevant to your case)

Section 2. Department Information

Position, Title Offered to Foreign National: _____ Is this position part-time? ☐ Yes ☐ No

If part-time, how many hours per week? _____ Wage \$ _____ per ☐ Year ☐ Hour

The duration for the individual to work at CU _____ (mm/dd/yyyy) To _____ (mm/dd/yyyy)

The position is: ☐ Temporary ☐ Temporary-Grant ☐ Permanent ☐ Tenure-Track ☐ Non-Tenure Track

Name and Title of Supervisor: _____ Email: _____ Phone: _____

Name of Department: _____ Name of College/Division: _____

Address of Work Site: _____

Will this employee be working outside of Pickens County for more than 60 days a year? ☐ Yes ☐ No

If **yes**, what is the address? _____

Will this position supervise any staff? ☐ Yes ☐ No If yes, how many? _____

Department contact for this form: _____ Email: _____ Phone: _____

Enter Department's Additional Comments Here

Please enter any information you believe could be relevant to your case

Section 3. Approvals

Supervisor _____ Signature _____ Date _____
Please type

Department Chair _____ Signature _____ Date _____
Please type

College Dean _____ Signature _____ Date _____
Please type

Executive Vice President and Provost _____ Signature _____ Date _____
Please type

Section 4. Actual Wage Worksheet

Federal law requires employers to document that H-1B workers will not be paid less than the actual wage paid to other similarly employed workers at Clemson University (CU). Please provide the required information on similarly employed workers in the hiring department/unit below. Begin the comparison with individuals holding the same title and doing comparable work to what the H-1B worker will be doing. If there are no others with the same title, compare the H-1B worker's position with other positions having similar duties. It may be necessary to obtain comparative data from other units within your college or division.

The rationale for arriving at the salary for each worker should be clear. Total experience, qualifications, education, job responsibilities and functions, specialized knowledge, and other legitimate factors (i.e., publications, patent development, receipt of an international prize, or other meritorious performance rewarded as part of a defined pay system of CU) may be considered. Please note that limited grant or department funding is not a legitimate reason for paying less, nor are market conditions.

Please note that the Labor Condition Application (LCA) cannot be filed until this worksheet has been adequately completed and submitted by the hiring department/unit.

Within this department, the number of those similarly employed with the same title or duties as _____
is _____.
Name of Foreign National
number

Among those similarly employed, the number that are paid at or below the wage offered to the H-1B employee is _____ and the
number of those that are paid at a higher rate is _____.
number

If there are any similarly employed worker(s) who are paid at higher rate, please complete the following:

_____ (number) is/are paid at higher rate(s) due to longer experience

_____ (number) is/are paid at higher rate(s) due to higher degree received

_____ (number) is/are paid at higher rate(s) due to more job responsibilities

_____ (number) is/are paid at higher rate(s) due to _____

_____ (number) is/are paid at higher rate(s) due to _____

If needed, please expound further regarding beneficiary wage calculations using the space provided below.

Actual Wage Data Provided by:

Name (please type) _____

Signature _____

Position Title _____

Date _____

Section 5. Export Control Certification Request - USCIS Form I-129 "Petition for Non-Immigrant Workers"

In order to assist in the processing of the I-129 application, the immediate supervisor of the beneficiary/employee must answer the following questions.

Effective February 20, 2011, the U.S. Citizenship and Immigration Services (USCIS) amended its Form I-129 "Petition for Non-Immigrant Workers" to include a "Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States". This must be completed for all H1-B, H1-B1 Chile/Singapore, L-1, and O-1A applications.

For any questions or assistance with this form please contact Tamara Hemingway, Export Control Officer at theming@clermson.edu or call 864-656-4084.

Please note that the following questions are intended to elicit information which would suggest the possibility that a license from the Department of Commerce or the Department of State might be required and further investigation should be undertaken. If the beneficiary is a new faculty member, it is understood that this person will be independently seeking funding and conducting research which may require future review for purposes of export controls compliance. Please answer these questions based on your current, actual knowledge.

	Yes	No
1. Does the nature of the work performed by this beneficiary involve research?		
2. Is the beneficiary a new faculty member?		
3. Is the beneficiary bringing research funding from a previous position?		
4. Is the research being undertaken for any defense or military purpose?		
5. Does the research involve nuclear materials, chemical or biological weapons, missile technology or space applications?		
6. Is the research being conducted under a technology control plan?		
7. Are there any publication, access or dissemination restrictions on the results of the research or on any information used in performing the research?		
8. Does the research involve the use of any confidential or proprietary information provided by Clemson University or a project sponsor? (Note: This information may or may not be provided under an NDA)		
9. Are there any citizenship requirements or restrictions on the research participants?		
10. Will this beneficiary have access to software or technology controlled under the EAR at 15 CFR 730-774? http://www.bis.doc.gov/policiesandregulations/ear/index.htm		
11. Will this beneficiary have access to technical data, software or equipment specifically designed, developed, configured, adapted, or modified for a military application as described under the ITAR at 22 CFR 120-130? http://www.pmddtc.state.gov/regulations_laws/itar_official.html		
12. Please list any currently known funding sources that will be used to support this beneficiary's position		

As the immediate supervisor of _____ (beneficiary), I, _____, (supervisor) certify that I have provided, to the best of my knowledge, true and accurate information with regard to this certification. I have also reviewed both the EAR www.bis.doc.gov/policiesandregulations/ear/index.htm and the ITAR www.pmddtc.state.gov/regulations_laws/itar_official.html and have determined that this beneficiary ☐ **does** ☐ **does not** require a license from the Department of Commerce or the Department of State before receiving access to export controlled technology as part of his/her employment with Clemson University. If it is determined that a license is required, I agree that I will not release any export controlled technology or technical data to this beneficiary until after a license has been procured. Should I become aware of any information which would result in a change to any of my previous answers, I will immediately bring it to the attention of the Export Control Officer.

Supervisor Name: _____ Title: _____

Signature: _____ Date: _____

OGE is responsible for obtaining Export Control Officer's Signature

Export Control Officer Review

Based on my review of the foregoing information this beneficiary ☐ **will** ☐ **will not** be receiving export controlled technology or technical data at this time and accordingly ☐ **does** ☐ **does not** require a license from either the Department of Commerce or the Department of State.

Export Control Officer: _____ Signature: _____ Date: _____