

H-1B Instructions and Application Packet (Initial and Extension)

H-1B Overview

H-1B Specialty Workers are authorized to work in specialized fields for a maximum period of six years. The University of South

Changes in Terms of Employment or Termination

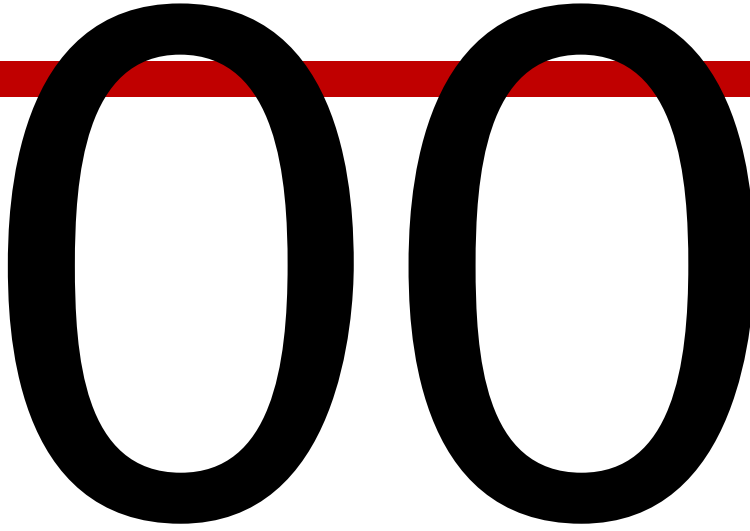
Departments must consult with the Office of Immigration prior to changing an H-1B employee's terms of employment (including changes to job duties or department) to determine whether an amended petition is required.

Please inform the Office of Immigration immediately if an H-1B worker's employment is terminated so that our office can notify the Department of Labor and USCIS to immediately withdraw the H-1B. Because H-1B status is an employment-based status, that status immediately ends upon termination. If the department terminates employment, the department **must** pay the reasonable cost of return transportation to the H-1B employee's last place of foreign residence. **The department will continue to be liable for paying the individual's full salary and benefits if the H-1B support is not withdrawn. -**

DEPARTMENT PROCEDURES

- 1. Mandatory Recruitment: USA and USA Health must undertake a recruitment process to demonstrate a good faith effort to recruit an American citizen for the opportunity in the same salary range. All recruitment must specify the practice type or occupational classification, specific location, and the specific employer (USA, USA HealthCare Management, LLC). The recruitment must run for at least 65 days. Certain online platforms are allowed for national and in-state recruitment. Check with the Office of Immigration if you have questions regarding the recruitment process.**
- 2. Request H-1B processing (Complete Appendix A):**
To initiate the H-1B process, the department should complete the Appendix A section.

Office of Immigration
Meisler Hall 2200 • 390 Student Center Circle
Mobile, AL 36688-0002
Phone: 251.460.6050
E-mail: immigration@southalabama.edu



PART 3: ACKNOWLEDGEMENT OF RESPONSIBILITY & LEGALLY BINDING EMPLOYER ATTESTATIONS

By signing below, I attest that the above information is true to the best of my knowledge. I can provide additional details pertaining to statements made regarding the actual wage for the occupation discussed if needed. I authorize the Office of Immigration and International Admissions to seek approval from the US Department of Labor and US Citizenship and Immigration Services for an H-1B temporary visa on behalf of the above named individual (in Part 2).

Furthermore, I attest that the University of South Alabama will comply with the following statements as required by the Immigration Act of 1990 and conforming regulations issued by the US Department of Homeland Security and Department of Labor. (*From US Immigration Service [8 CFR 214.2 (h)] & US Department of Labor [20 CFR Parts 655 and 656]*)

- 1) That the hiring department will pay the \$460 I-129 filing fee for H-1B sponsorship and subsequent H-1B extensions, the \$500 Anti-fraud Fee when petitioning for an initial H-1B, an H-1B change--

H-1B PACKET APPENDIX C: EMPLOYEE'S INFORMATION

PART 1: H-1B APPLICANT DEMOGRAPHIC INFORMATION

NAME AND RESIDENCE INFORMATION:

Full Name (as in passport): _____
Family Name (Surname) Given Name (First) Middle Name (if any)

All other names used : _____
(Include maiden name and names from all previous marriages)

Place of Birth (required): _____ : _____ : _____
City Province/ Territory Country

Citizenship & Residence (required): _____ : _____
Country of Citizenship Country of Permanent Residence

Date of Birth (Month/Day/Year): _____ Gender : Male Female

CONTACT INFORMATION:

Current Address: _____

E-mail address: _____ Phone Number: _____

UNIVERSITY OF SOUTH ALABAMA POSITION INFORMATION:

(Please provide contact information for your intended employer at University of South Alabama)

USA Academic Department: _____ Supervisor's Name: _____

PART 2: FOR APPLICANTS CURRENTLY IN THE UNITED STATES ONLY

Current Non-Immigrant Status: _____ Date Current Status Expires (mm/dd/yyyy): _____

If you are in H-1B Status with an employer other than USA, are you currently employed?: YES or NO

Employer's Name and Address: _____

Expected termination date of current H-1B Employment (Month/ Day/ Year): _____

Date of Last Arrival (stamped on I-94 Ca ___aLrJ 0 Tc 1 Tf -0.005 Tc 499147 (r)-32y50.8 Tc E0.8 (UP)1.6 (m)17. (t)-4.6 (s)8.6 (;

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