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| **Last Name (of Foreign National** | **First** | **Middle** |

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| **Job Title (of Foreign National)** | **Pay Rate per (Year, Month, Hour)** | **Hours per Week** | **FTE** |

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| If Faculty title, the appointment basis is |  | 9-Month Year |  | 12-Month Year |  | Other: |  |

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| **Information about the Foreign National** | | | |
| Empl ID/PeopleSoft ID: |  | Date of Birth: |  |
| Immigration Status: |  | Marital Status: |  |
| Home Address (Street): |  | City, State, Zip: |  |
| Phone Number: |  | Email Address: |  |

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| **Information about the Sponsoring Department** | | | |
| Department Name: |  | Mail Code: |  |
| Dept. Address (street): |  | City, State, Zip: |  |
| Beneficiary’s Supervisor: |  | Title: |  |
| Contact Person: |  | Tel. Number: |  |
| Fax Number: |  | Email Address: |  |

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| **Declarations:** Complete job description and requirements on reverse side. |
| **Department Chair and Business Administrator: Please read carefully and fill in spaces before signing.**  I understand that the O-1 petition being sought by our College and/or Department is based on the beneficiary’s ability to prove extraordinary ability or achievement in the sciences, arts, education, business, or athletics, or extraordinary achievements in the motion picture and television field. I certify that the beneficiary of this request will work in the department in the requested title and performing the duties described on the reverse of this page. I understand that there will be no material changes (i.e. title, duties, department, or location), unless Human Resources has been consulted to determine if an amended petition will be necessary. I understand that all fees associated with this filing are subject to change. I understand that the Office of the General Counsel will assign a qualified immigration attorney to pursue the O-1 classification on behalf of UH, our college/department and the aforementioned employee, for UH is not authorized to pay for legal services for attorneys nor approved by the Office of the General Counsel. By my signature on this request, I agree to comply with all O-1 regulations during the petition process and during the beneficiary’s employment. |

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| **Coverage of Costs:** the <department paying the fees> (Check-mark applicable option below): | |
|  | **Will pay legal fees, and filing fees not to exceed $\_\_\_\_\_\_\_** |
|  | **Will pay filing fees only** |
|  | **Will not pay any fees** |

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| **College Dean’s (or Equivalent’s) Name** | **Signature** | **Date** |

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| **Department Head’s Name** | **Signature** | **Date** |

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| **Dept. Business Administrator’s Name** | | **Signature** | **Date** | |
| **Position Referenced in this Request for:** | <sponsored employee’s name> | | |

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| **List duties of the position in order of their importance. Includes supervising duties.** *Inflating responsibilities or* |
| *requirements may result in a prevailing wage that is greater than the salary budgeted for the position.* |

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**Job Requirements and Qualifications Required for the Position (Please specify the discipline)**

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| **Education (check-mark minimum degree required and indicate the major field of study):** |

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|  | **B.A./B.S.** |  | **M.A./M.S.** |  | **A.B.D** |  | **Ph.D.** |  | **Other (please list)** |  |

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| Major area of study required: |  |

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| **Work experience (check each item that applies and fill in the applicable spaces):** |

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| **Experience** | **Years or Months** | **Clarifying Comment (if necessary)** |
| □ None required |  |  |
| □ Graduate Assistantship |  |  |
| □ Post-Grad Teaching |  |  |
| □ Post-Grad Research |  |  |
| □ Related Duties |  |  |

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| **Specific knowledge, skill, evidenced of publications, etc. List any other requirements below.** |

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| **Send the following documents via email to: Eva Gray, Legal Assistant, Office of the General Counsel: 2028** |
| **Request for Permanent Residency Sponsorship Form and Sponsored Employee’s VITA/Résumé** |