H-1B PETITIONS FOR FACULTY APPOINTMENTS
INTRODUCTION TO THE FORMS AND PROCEDURES

What is an H-1B Petition?

H-1B is a non-immigrant visa and status that permits professional employment. The employer must file an H-1B petition with the USCIS and obtain approval for it; the “alien beneficiary” must obtain H-1B status either by applying for an H-1B visa abroad and entering the U.S. in H-1B status, or by changing to H-1B status from another non-immigrant status in the U.S.

With rare exception, Rutgers University policy restricts H-1B sponsorship to full-time faculty appointments only. For teaching faculty, “Assistant Professor” is the lowest range title for which Rutgers will sponsor an H-1B. For research faculty, the lowest range H-1B title is generally “Research Associate.”

Summary of Requirements and Forms

When filing an H1B petition, there are three USCIS forms to complete for all applicants: I-129 petition, the H Classification Supplement to Form I-129, and the H-1B Data Collection and Filing Fee Exemption Supplement. There is also an optional form (I-907) if the petition will be filed with a request for “Premium Processing.” (“Premium Processing” is expedited processing by the USCIS and requires an extra filing fee of $1,410). Please be sure to use the most up-to-date forms posted on uscis.gov

There is a required USCIS form (I-539) if the alien is already in the U.S. and has visa dependent(s) who are already already physically in the U.S. This forms needs to be completed and signed by the dependent. We are not responsible for reviewing the form, although we will enclose the completed form in the H1B petition packet and submit to USCIS on behalf of the H1B beneficiary’s dependent(s).

In addition, there are supporting documents which must be attached to the application in duplicate per instructions. There are also mandatory fees. Finally, there is also a requirement that a “Public Access File” be set up and maintained and made available for inspection upon request. This file is housed in the office of the Newark Director for International Faculty Services.

Fee Schedule – each fee requires a separate check * made payable to the “Department of Homeland Security”

$460 Required fee for Form I-129 (must be paid by the department under all circumstances)

$500 Required “Anti-Fraud” Fee (must be paid by the department for all “new” employment petitions)
$370 Required Only If Form I-539 is being submitted for dependents (can be paid by the department or the alien)

$1,410 Optional “Premium Processing” fee (must be paid by the department unless needed strictly for alien’s personal reasons)

Each USCIS fee requires a separate check made payable to U.S. Department of Homeland Security

*Address in Cornerstone is USCIS, California Service Center, Laguna Niguel, CA 92677

**Time Frames to Keep in Mind**
Prior to filing the H-1B petition with USCIS, pre-processing will take about 4 weeks (to submit the LCA to the DOL, obtain additional clearance, and thoroughly review, organize and prepare the packet for submission). The Newark Director’s office will then proceed with filing the H-1B petition with the USCIS. Unless you use “Premium Processing”, turn around times at USCIS will be listed at [https://egov.uscis.gov/cris/processTimesDisplayInit.do](https://egov.uscis.gov/cris/processTimesDisplayInit.do) (scroll down to Service Center; select CSC-California Service Center, then click on processing dates). While Premium Processing will decrease the turn-around time at USCIS to about 3 weeks, the turn-around time for pre-processing at the Newark Director’s office is determined only by the order in which the paperwork is received from the requesting departments. We therefore advise departments to submit complete complete H-1B packets to the Newark Director’s office as early as 6 months prior to the starting date of the H-1B petition, to avoid both the $1,410 Premium Processing fee and the extra strain that expediting puts on employing departments, the Newark Coordinator’s office and the prospective H-1B scholars themselves.

October 2018
# H-1B PETITIONS FOR FACULTY APPOINTMENTS

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INTRODUCTION TO EACH OF THE INSTRUCTIONS IN THIS PACKET

Please read these instructions carefully and thoroughly. If after reading the instructions you have questions or need clarification please contact Sallie Kasper, Newark Director for International Faculty Services, at ext. 5213.

Departments’ Legal Responsibilities

Departments filing H-1B petitions bear significant liability on behalf of the University, and are thus responsible for understanding and strictly adhering to certain requirements. Please read the attached list of “Departments’ Legal Responsibilities” thoroughly before proceeding with the application materials.

Required Form #1: The I-129 Petition-Petition for Non-immigrant Worker

The I-129 is the basic petition form filed with the USCIS for several non-immigrant statuses, including the H-1B, and carries a flat filing fee of $460. Please note that this fee must be paid by the University.

Please note that there is a “premium processing” option by which the USCIS will adjudicate the I-129 in 2-3 weeks, instead of up to several months, for an additional payment (by separate check) of $1,225 payable to the Department of Homeland Security. Payment of this fee does not affect pre-processing time at the Newark Director’s office, which will itself take about 3 weeks.

Required Form #2: The H Classification Supplement to Form I-129

The H Classification Supplement is an addendum to the I-129 used specifically for H-1B petitions. It is filed with the USCIS along with the I-129 petition and supporting documents. Note: Authorized Official of Employer (in most cases the Dean) must sign two copies of this form—original signatures required.

Required Form #3: The H-1B Data Collection and Filing Fee Exemption Supplement

The H-1B Data Collection and Filing Fee Exemption supplement exempts the university (your department) from paying a $1,000 “training fee” for each H-1B petition. The normal $460 filing fee must still be paid. The form is filed with the USCIS along with the I-129 petition and supporting documents.

Required Form #4: Labor Condition Application

The LCA is the form used to obtain clearance from the U.S. Department of Labor (DOL) to proceed with filing the H-1B petition. An LCA approval from DOL gives us the “go ahead” to file the actual H-1B petition with the Department of Homeland Security’s Citizenship and Immigration Services (USCIS). Extreme care must be taken in completing the LCA Worksheet accurately per the attached instructions; incorrect information could result in serious liability for Rutgers. This form will be prepared by the Newark Director for International Faculty Services based on the information you provide in the LCA Worksheet. Certification can take 7-10 days to receive from DOL.
**Required Form #5: Deemed Export Certification for H-1B Petitions**
What is it? Formal certification of employer stating employee’s work is/is not “deemed” to be an “export” by Commerce Department.
What are the procedures for the form? Must be signed by faculty sponsor and chair of director; original plus documentation must be sent to Robert Phillips, Export Compliance Manager; copy of form without documentation is submitted to Sallie Kasper, Newark Director for International Faculty Services.

**Form #6: H-1B Department Certification Form**
What is it? This form is related to the DOL’s LCA regulations. Before we can submit the LCA for certification from the DOL and the USCIS, the hiring department must certify the 9 statements specified on the Certification form.
What are the procedures? Department has this form signed by the direct supervisor and by the Department Chair and then submits to the Office of the Newark Director of International Faculty Services with the rest of the required documents.

**Form #7: Form-I-539 (Required ONLY for visa dependents of the H-1B who are already in the U.S.)**
The I-539 is a generic form used for change of nonimmigrant status or extension of status. In this context, the I-539 is used ONLY for the visa dependents of employees already in the U.S. who need to change or extend dependent nonimmigrant status along with the employee. The I-539 has a filing fee of $370. No I-539 is needed if the employee’s visa dependents are not in the U.S. at the time of filing the I-129 petition, nor if the employee’s dependent(s) have their own independent nonimmigrant status.

It is the responsibility of the H-1B employee to have their visa dependent(s) complete the Form I-539; the employee returns the completed I-539 to the department along with appropriate fees and supporting documentation as described on the attached “Instructions for Completing Form I-539.” This document is then included with the rest of the H-1B petition packet.

**Form #8: Form I-907**
Required ONLY if department is requesting “Premium Processing” to expedite USCIS’s processing time.
The I-907 is an application to request the USCIS to adjudicate the petition via “Premium Processing.” It generally takes about 3 weeks from the time the H-1B petition is mailed to USCIS until we receive the approval notice in the mail.

**Form #9: H-1B Scholar Information Sheet**
This form elicits information from the H-1B employee needed by the department to complete Form I-129.

The department must ask the H-1B employee to complete the form, and then uses the information to complete the I-129 Form.
Form #10: Memorandum Explaining Actual Wage
What is this? This is a document required by the DOL H-1B regulations. It must be completed by the hiring department and submitted with the other required documents. It will be kept in the Public Access File in the Office of the Newark Director of International Faculty Services.

Required Supporting Documentation
A list of the specific documentation required is included as a separate page in this packet. Department attaches this material to the application forms and submits everything to the Newark Director’s office for processing.

H-1B Faculty Request to Close H-1B File and End Rutgers Sponsorship

January 2017
DEPARTMENTS' LEGAL RESPONSIBILITIES IN FILING H-1B PETITIONS AND IN EMPLOYING H-1B WORKERS

The University assumes significant liabilities if it does not comply with government regulations covering H-1B employment. Because H-1B regulations and procedures are complex, and because an employer's failure to comply with these regulations can result in significant penalties, you are advised to read the responsibilities listed below with utmost attention, to fill our forms exactly as specified on the attached instructions, and to follow the guidelines noted throughout this packet with great care.

H-1B employment may not begin until the Newark Director for International Faculty Services informs the department that all necessary approvals have been received. "Employment refers not only to being on Payroll, but also to performing services for which an individual would normally be compensated.

1. Departments must submit in a timely fashion the complete H-1B packet (completed H-1B petition forms, LCA worksheet, filing fees and the required number of photocopies of all accompanying supporting documents) to the Office of the Newark Director for International Faculty Services; if the department is requesting "premium processing" this form along with the required fees must also be submitted. Departments must allow a minimum of three weeks for the Office of the Newark Coordinator to process an H-1B petition packet before it is ready to submit to USCIS. Once the petition is submitted, the amount of time it will take USCIS to approve it depends upon the type of petition being filed. For "premium processing" petitions, an approval comes in three weeks.

2. The terms of the H-1B worker's employment may not be changed in ANY way other than routine salary increases during the period of the H-1B approval. Any changes in the terms of employment automatically cancel the validity of the H-1B approval, and the employee thereby becomes ineligible to continue working legally at Rutgers. Examples of prohibited changes are: title change, change in work-site (for more than 5 days), change in employing departments, and substantive change in responsibilities. If a Department contemplates any of these changes for a current H-1B employee, please contact the Newark Director for International Faculty Services.

3. It is important that departments inform the Office of the Newark Director for International Faculty Services if H-1B employment is terminated for any reason prior to the ending date requested on the I-129 petition. If an H-1B employee is terminated by the University prior to the ending date requested on the Form I-129 petition, the employer (via the Newark Director for International Faculty Services) is required by Federal regulation to notify USCIS. In addition, the employing department is liable for transportation costs to the foreign country in which the employee most recently resided (unless the employee leaves by choice). In any case, the department must notify the Newark Director's Office.
4. Departments are responsible for ensuring that H-1B employees who are going on payroll for the first time or whose employment is being renewed make an appointment to see the Newark Director for International Faculty Services in order to fill out the "International Payroll Form" which must be signed by the Newark Director.

January 2017
REQUIRED FORM #1: FORM I-129 H-1B PETITION

A. Complete the Form. This form can be downloaded www.uscis.gov, click forms and then scroll down to I-129. Two original copies, signed by the department chair, must be submitted with the application packet. (A sample showing how to complete the Form I-129 is attached.) The I-129 must be completed by the department NOT BY THE EMPLOYEE AND MUST BE TYPED.

Special Notes:

Part 1: Add Employer Information as indicated on form.

Part 2: Add information required as appropriate.

Part 3: Get this information from the employee via the H-1B Scholar Information Sheet.

Part 4: Do not complete (#1) unless the employee will visit a U.S. embassy and enter the U.S. on the H-1B before employment begins at Rutgers; (#5) check “yes” only if there are dependents filing Form I-539 (and if yes, indicate how many.); (#11a.) – read carefully and complete as appropriate; (#11b. – only if answer to #11a is “yes”, complete and attach required documentation.

Part 5: (#3) – provide the same work location address(es) as provided on Labor Condition Application; (#5) – answer as appropriate; (#8) – this must list the annual salary because it must match salary noted on Labor Condition application; (#10) Dates of Intended Employment: The starting date (“from...”) should be the date on which you want the H-1B approval to begin (normally the same begin date on the LCA) The ending date (“to...”) should be the actual appointment ending date.

Part 6: Check the same box on the I-129 form that is checked at the bottom of Form #5, “Deemed Export Certification for H-1B Petitions” after it has been Certified/signed by the faculty sponsor and/or the chair or director.

Part 7: “Signature” LEAVE BLANK

Part 8: “Signature of person preparing form if other than above.” This is to be signed by the department chair or center/institute director after s/he has reviewed the form.
Page Two

Part 9: Complete as Appropriate.

B. Each fee requires a separate check or money order payable to the “Department of Homeland Security”

$460 Required fee for the I-129 (must be paid by the department under all circumstances);
$500 Required “Anti-Fraud” fee (must be paid by the department for “New Employment” petitions; no fee required for extensions;
$370 Required ONLY if Form I-539 is being submitted for dependents (can be paid by the department or the alien);
$1,410 OPTIONAL “Premium Processing” fee for Form I-907 (must be paid by department unless needed strictly for the alien’s personal reasons and not for meeting department’s needs for expedited start of alien’s employment.

C. Add the I-129 Petition to the H-1B Packet
Submit two copies with original signatures of department chair or center/institute director and the required fees.
Part 1. Petitioner Information

If you are an individual filing this petition, complete Item Number 1. If you are a company or an organization filing this petition, complete Item Number 2.

1. Legal Name of Individual Petitioner

Family Name (Last Name) N/A
Given Name (First Name) N/A
Middle Name N/A

2. Company or Organization Name
Rutgers, The State University of New Jersey

3. Mailing Address of Individual, Company or Organization

In Care Of Name Sallie Kasper
Street Number and Name 360 Dr Martin Luther King Jr Blvd
City or Town Newark
State NJ
ZIP Code 07102

4. Contact Information

Daytime Telephone Number 9733535213
Mobile Telephone Number
Email Address (if any) sakasper@newark.rutgers.edu

5. Other Information

Federal Employer Identification Number (FEIN) 226001086
Individual IRS Tax Number
U.S. Social Security Number (if any)
Part 2. Information About This Petition (See instructions for fee information)

1. Requested Nonimmigrant Classification (Write classification symbol): H-1B

2. Basis for Classification (select only one box):
   - [ ] a. New employment.
   - [ ] b. Continuation of previously approved employment without change with the same employer.
   - [ ] c. Change in previously approved employment.
   - [ ] d. New concurrent employment.
   - [ ] e. Change of employer.
   - [ ] f. Amended petition.

3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."

4. Requested Action (select only one box):
   - [ ] a. Notify the office in Part 4, so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
   - [ ] b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in Item Number 2., above.
   - [ ] c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
   - [ ] d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
   - [ ] e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
   - [ ] f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)

5. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.)
   ▶ 1 (one)

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. If an Entertainment Group, Provide the Group Name

2. Provide Name of Beneficiary
   Family Name (Last Name) ____________________________
   Given Name (First Name) ____________________________
   Middle Name ____________________________

3. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.
   Family Name (Last Name) ____________________________
   Given Name (First Name) ____________________________
   Middle Name ____________________________

4. Other Information
   Date of birth (mm/dd/yyyy) ____________________________
   Gender [ ] Male [ ] Female
   U.S. Social Security Number (if any) ____________________________

Form I-129 12/23/16 Y Page 2 of 36
Part 3. Beneficiary Information  (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

- Alien Registration Number (A-Number)  
  - Province of Birth
  - Country of Citizenship or Nationality

5. If the beneficiary is in the United States, complete the following:

- Date of Last Arrival (mm/dd/yyyy)
- I-94 Arrival-Departure Record Number
- Passport or Travel Document Number
- Date Passport or Travel Document Issued (mm/dd/yyyy)
- Date Passport or Travel Document Expires (mm/dd/yyyy)
- Passport or Travel Document Country of Issuance
- Current Nonimmigrant Status
- Date Status Expires or D/S (mm/dd/yyyy)
- Student and Exchange Visitor Information System (SEVIS) Number (if any)
- Employment Authorization Document (EAD) Number (if any)

6. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

- Street Number and Name
- City or Town
- State
- ZIP Code

Part 4. Processing Information

1. If a beneficiary or beneficiaries named in Part 3 is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

   a. Type of Office (select only one box): ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry

   b. Office Address (City)

   c. U.S. State or Foreign Country

   d. Beneficiary's Foreign Address

- Street Number and Name
- City or Town
- State
- Province
- Postal Code
- Country

2. Does each person in this petition have a valid passport? ☐ Yes ☐ No. If no, go to Part 9 and type or print your explanation.
Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
   □ Yes. If yes, how many? ▶
   □ No

4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/I94 instead of filing an application for a replacement/initial I-94.
   □ Yes. If yes, how many? ▶
   □ No

5. Are you filing any applications for dependents with this petition?
   □ Yes. If yes, how many? ▶
   □ No

6. Is any beneficiary in this petition in removal proceedings?
   □ Yes. If yes, proceed to Part 9. and list the beneficiary's(ies) name(s).
   □ No

7. Have you ever filed an immigrant petition for any beneficiary in this petition?
   □ Yes. If yes, how many? ▶
   □ No

8. Did you indicate you were filing a new petition in Part 2? yes. If yes, answer the questions below.
   a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
      □ Yes. If yes, proceed to Part 9. and type or print your explanation.
      □ No
   b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
      □ Yes. If yes, proceed to Part 9. and type or print your explanation.
      □ No

9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
   □ Yes. If yes, proceed to Part 9. and type or print your explanation.
   □ No

10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
    □ Yes. If yes, proceed to Part 9. and type or print your explanation.
    □ No

11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
     □ Yes. If yes, proceed to Item Number 11.b.
     □ No

11.b. If you checked yes in Item Number 11.a., provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form I-AP-66, or a copy of the passport that includes the J visa stamp.

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title
   ▶

2. LCA or ETA Case Number
   Leave Blank
Part 5. Basic Information About the Proposed Employment and Employer (continued)

3. Address where the beneficiary(ies) will work if different from address in Part 1.
   Street Number and Name
   
   
   City or Town
   
   State ZIP Code

4. Did you include an itinerary with the petition?
   □ Yes  ❌ No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location?
   □ Yes  □ No

6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)?
   □ Yes  ❌ No

7. Is this a full-time position?
   ❌ Yes  □ No

8. If the answer to Item Number 7 is no, how many hours per week for the position?

9. Wages: $___________ per (Specify hour, week, month, or year)

10. Other Compensation (Explain)

11. Dates of intended employment
    From: (mm/dd/yyyy) ____________ To: (mm/dd/yyyy) ____________

12. Type of Business
    Higher Education

13. Year Established
    1766

14. Current Number of Employees in the United States 10000

15. Gross Annual Income nonprofit

16. Net Annual Income nonprofit

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. □ A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or

2. □ A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.
Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory
   
<table>
<thead>
<tr>
<th>Family Name (Last Name)</th>
<th>Given Name (First Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kasper</td>
<td>Sallie</td>
</tr>
</tbody>
</table>
   
   Title
   | Assistant Dean |
   
2. Signature and Date
   
   Signature of Authorized Signatory
   Date of Signature
   | (mm/dd/yyyy) |
   
3. Signatory's Contact Information
   
   Daytime Telephone Number
   | 9733535213 |
   
   Email Address (if any)
   | sakasper@newark.rutgers.edu |

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer
   
<table>
<thead>
<tr>
<th>Family Name (Last Name)</th>
<th>Given Name (First Name)</th>
</tr>
</thead>
</table>
   
2. Preparer's Business or Organization Name (if any)
   
   (If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)
### Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner (continued)

#### 3. Preparer's Mailing Address

<table>
<thead>
<tr>
<th>Street Number and Name</th>
<th>Apt.</th>
<th>Ste.</th>
<th>Flr.</th>
<th>Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City or Town</th>
<th>State</th>
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#### 4. Preparer's Contact Information

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<th>Fax Number</th>
<th>Email Address (if any)</th>
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#### Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

#### 5. Signature and Date

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<tr>
<th>Signature of Preparer</th>
<th>Date of Signature (mm/dd/yyyy)</th>
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### Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of Part 9 to complete and file with this petition. In order to assist us in reviewing your response, you must identify the Page Number, Part Number and Item Number corresponding to the additional information.

1. A-Number ➤ A-

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REQUIRED FORM #2: H CLASSIFICATION SUPPLEMENT

A. **Complete the Form.** This form can be obtained on the USCIS web site www.uscis.gov, click forms and then scroll to I-129; the Supplement form is included in the I-129. **Two original copies, signed by the department chair/center/institute director, must be submitted with the application packet.** (A sample showing how to complete the form is attached). The form must be typed.

**Top Section**

1. Name of Organization: Rutgers, The State University of New Jersey

2a. Type the full name (including full middle name) of the H-1B employee;

2b. Provide total number of beneficiaries;

3. List all periods in the past six years that the H-1B employee was in H status in the U.S. If never in H status, list N/A in this space.

4. H-1B1 Specialty occupation should be checked.

**Section 1**

1. Describe the proposed duties

2. Alien’s present occupation and summary of prior work experience.

**Signatures**

Signature of Petitioner for Statement for H-1B specialty occupations only:

*LEAVE BLANK*

Signature of Authorized Official Of Employer for Statement for H-1B specialty occupations and DOD projects:

*This line must be signed in BLUE INK by the Dean or Director*

Signature of DOD Project Manager For Statement For H-1B DOD projects only:

*LEAVE BLANK*

B. **Add the “H Classification Supplement” to the H-1B Packet.**
H Classification Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

1. Name of the Petitioner

Rutgers, The State University of New Jersey

Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries

2.a. Name of the Beneficiary

Complete as appropriate

OR

2.b. Provide the total number of beneficiaries

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last six years (beneficiaries requesting H-2A or H-2B classification need only list the last three years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

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<tr>
<th>Subject's Name</th>
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4. Classification sought (select only one box):

☐ a. H-1B Specialty Occupation
☐ b. H-1B1 Chile and Singapore
☐ c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
☐ d. H-1B3 Fashion model of distinguished merit and ability
☐ e. H-2A Agricultural worker
☐ f. H-2B Non-agricultural worker
☐ g. H-3 Trainee
☐ h. H-3 Special education exchange visitor program

5. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☑ No

6. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☑ No

7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

☐ Yes. If yes, please explain in Item Number 7.b. ☑ No
7.b. Explanation

________________________________________________________________________

Section 1. Complete This Section If Filing for H-1B Classification

1. Describe the proposed duties.

________________________________________________________________________

2. Describe the beneficiary's present occupation and summary of prior work experience.

________________________________________________________________________

Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Petitioner ____________________________________________________________________________
Name of Petitioner (Signature) Sallie Kasper
Date (mm/dd/yyyy) ______________________________________________________________________________

Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer ____________________________________________________________________________
Name of Authorized Official of Employer (Signature) ______________________________________________________________________
Date (mm/dd/yyyy) ______________________________________________________________________________

Statement for H-1B U.S. Department of Defense Projects Only

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

Signature of DOD Project Manager ____________________________________________________________________________
Name of DOD Project Manager (Signature) ______________________________________________________________________
Date (mm/dd/yyyy) ______________________________________________________________________________

Section 2. Complete This Section If Filing for H-2A or H-2B Classification

1. Employment is: (select only one box)
   
   □ a. Seasonal □ b. Peak load □ c. Intermittent □ d. One-time occurrence

2. Temporary need is: (select only one box)
   
   □ a. Unpredictable □ b. Periodic □ c. Recurrent annually

Form I-129 12/23/16 Y H Classification Supplement Page 14 of 36
REQUIRED FORM #3: The H-1B COLLECTION AND FILING FEE EXEMPTION SUPPLEMENT

The H-1B Data Collection and Filing Fee Exemption supplement exempts the University (that is, your department) from paying a "training fee" for each H-1B petition. The normal $460 filing fee for the I-129 petition itself must still be paid. The form is filed with the USCIS along with the I-129 petition and supporting documents.
(Required Form #3 – three pages)

H-1B DATA COLLECTION & FILING FEE EXEMPTION SUPPLEMENT

1.2. Complete the Form
Please complete all appropriate sections of the form prior to printing it out. (A sample showing how to complete the H-1B Data Collection Form is attached.) The form must be completed by the department—not by the employee. The original must be submitted with the application packet.

Special Notes:

Section 1. General Information:

1. In "Employer Information," 1c1 is correctly checked “no” even if the rate of pay is at least $60,000. The reason all Rutgers’ H-1B faculty are exempt is because they have an advanced degree. Thus, 1c2 is correctly checked “yes.”

2. In the section marked "Beneficiary’s Highest Level of Education," check the box that represents the scholar’s highest earned academic degree, i.e. not honorary. This should match the diploma submitted as supporting evidence for the petition.

3. Enter the primary field of study in which the highest degree was earned. (Note: This may or may not be the same field/department in which the scholar will work at Rutgers.)

4. In the box marked "Rate of pay per..." type the amount that appears in #2 of the "Worksheet for Labor Condition Application." Very important: This amount must be consistent with the amount that appears in Part 5, #8 of Form I-129 and with the salary listed in the chair’s H-1B support letter (as described in "Required Supporting Documents” in this packet).

5. To complete the box marked "DOT Code," select the appropriate 3-digit code
   ▶ For all teaching positions, use code 090
   ▶ For research positions, select the appropriate code from the “DOT Occupational Titles List,” which can be found at http://www.uscis.gov/files/form/m-746.pdf.

Sections 2 and 3:
Please do not write in these sections. They will be filled in by the Newark Director for International Faculty Services.

Section 4:
If the beneficiary will work off-site as part of his/her H-1B job responsibilities, some amendments will need to be made to the I-129 and some additional documentation will need to be provided. Please contact the Office of the Newark Director for International Faculty Services.
Note: Filing the H-1B DATA COLLECTION & FILING FEE EXEMPTION SUPPLEMENT does not exempt the University from paying the normal $460 filing fee for the I-129; it exempts the University only from paying several other additional fees.
**Section 1. General Information**

1. **Employer Information** - (select all items that apply)
   a. Is the petitioner an H-1B dependent employer?
      - Yes [X] No 
   b. Has the petitioner ever been found to be a willful violator?
      - Yes [X] No 
   c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements?
      - Yes [X] No 
   c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least $60,000?
      - Yes [X] No 
   c.2. Or is it because the beneficiary has a master's degree or higher degree in a specialty related to the employment?
      - Yes [X] No 
   d. Does the petitioner employ 50 or more individuals in the United States?
      - Yes [X] No 
   d.1. If yes, are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status?
      - Yes [X] No 

2. **Beneficiary's Highest Level of Education** (select only one box)
   - a. NO DIPLOMA
   - b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED)
   - c. Some college credit, but less than 1 year
   - d. One or more years of college, no degree
   - e. Associate's degree (for example: AA, AS)
   - f. Bachelor's degree (for example: BA, AB, BS)
   - g. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
   - h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
   - i. Doctorate degree (for example: PhD, EdD)

3. **Major/Primary Field of Study**

4. **Rate of Pay Per Year**

5. **DOT Code**

6. **NAICS Code**

**Section 2. Fee Exemption and/or Determination**

In order for USCIS to determine if you must pay the additional $1,500 or $750 American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:

1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)?
   - Yes [X] No 

2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in 8 CFR 214.2(h)(19)(iii)(B)?
   - Yes [X] No
Section 2. Fee Exemption and/or Determination (continued)

3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? □ Yes □ No

4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? □ Yes □ No

5. Is this an amended petition that does not contain any request for extensions of stay? □ Yes □ No

6. Are you filing this petition to correct a USCIS error? □ Yes □ No

7. Is the petitioner a primary or secondary education institution? □ Yes □ No

8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution? □ Yes □ No

If you answered yes to any of the questions above, you are not required to submit the ACWIA fee for your H-1B Form I-129 petition. If you answered no to all questions, answer Item Number 9. below.

9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? □ Yes □ No

If you answered yes, to Item Number 9. above, you are required to pay an additional ACWIA fee of $750. If you answered no, then you are required to pay an additional ACWIA fee of $1,500.

NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional $500 Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2015, an additional fee of $4,000 must be submitted if you responded yes to Item Numbers 1.d. and 1.d.1. of Section 1. of this supplement. This $4,000 fee was mandated by the provisions of Public Law 114-113.

The Fraud Prevention and Detection Fee and Public Law 114-113 fee do not apply to H-1B petitions. These fees, when applicable, may not be waived. You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.

Section 3. Numerical Limitation Information

1. Specify the type of H-1B petition you are filing. (select only one box):
   □ a. CAP H-1B Bachelor's Degree    □ c. CAP H-1B Chile/Singapore
   □ b. CAP H-1B U.S. Master's Degree or Higher □ d. CAP Exempt

2. If you answered Item Number 1.b. "CAP H-1B U.S. Master's Degree or Higher," provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):
   a. Name of the United States Institution of Higher Education
      ____________________________

   b. Date Degree Awarded        c. Type of United States Degree
      ____________________________

   d. Address of the United States institution of higher education
      ___________________________________________   ____________________________   ______  __________  _______   ______   __________
      Street Number and Name         Apt.  Ste.  Flr.  Number
      ____________________________  □ □ □ □               □ □ □ □ □               □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

      City or Town                    State                  ZIP Code
      ____________________________  _______________________  ______________________
Section 3. Numerical Limitation Information (continued)

3. If you answered Item Number 1.d. "CAP Exempt," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:

☐ a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).

☐ b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(ii)(F)(2).

☐ c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).

☐ d. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).

☐ e. The petitioner is requesting an amendment or extension of stay for the beneficiary's current H-1B classification.

☐ f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.

☐ g. The beneficiary of this petition has been counted against the cap and (1) is applying for the remaining portion of the 6 year period of admission, or (2) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).

☐ h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

Section 4. Off-Site Assignment of H-1B Beneficiaries

1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought.

   If no, do not complete Item Numbers 2. and 3.

☐ Yes ☐ No

2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification.

☐ Yes ☐ No

3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations.

☐ Yes ☐ No
REQUIRED FORM #4: LABOR CONDITION APPLICATION

This form will be prepared by the Office of the Newark Director for International Faculty Services based on the information you provide in the LCA Worksheet (appended) and included in the H-1B packet.
REQUIRED FORM #4: WORKSHEET FOR LABOR CONDITION APPLICATION “LCA”

Please follow these instructions carefully. The department assumes a serious liability on behalf of the University if the Worksheet for the LCA isn’t completed with accurate information as outlined below.

Complete the Worksheet for Labor Condition Application on the next page. Here are the line-by-line instructions:

1. Enter the Employee’s (or prospective employees) name; include full middle name (if known).

2. “Rate of Pay per Year”. Enter the actual annual salary being paid to the employee.

3. “Full-Time Position?” Verify that this is a full-time position by checking “yes”.

4. “Period of Employment.” For the begin date; enter the date you want this H-1B authorization to start. If the person is continuing an appointment already begun under a different visa status (such as F-1 on OPT or J-1), show the date immediately following the date on which that current visa status will expire. Remember we cannot file LCA’s or H-1B petitions more than six months before the requested begin date.


6. “Job Title:” Enters the official Rutgers payroll title followed by the name of the department, e.g. Assistant Professor/ Chemistry or Research Associate/Physics. Note: any change in title, job responsibilities or department may require filing a new LCA and possibly a new H-1B petition—please check with Sallie Kasper before initiating any changes to determine if new forms will be required.
7. "Job Address (as):" Provide a complete address (including county) of the location(s) where the actual work will be performed. Note: any change in the location of the work-site after filing this LCA—even a short-term, temporary change of more than five days—may require the filing of a completely new LCA.

8. "Prevailing Wage per Year:" enter the dollar figure on the AAUP contract (applicable for the "begin date" shown in #4 above) which represents the minimum salary for this job title. (If you have any questions about this figure, please call your dean’s office or the Office of the Newark Coordinator for assistance.)

9. "Prevailing Wage Source:" for all AAUP positions, check “Collective Bargaining Units (AAUP).”

10. Complete as appropriate and have Dean or Director Sign.

11. Complete as appropriate and have Dean or Director Sign.

12. Complete as appropriate and have Dean or Director Sign.
WORKSHEET FOR LABOR CONDITION APPLICATION

1. Name of Employee:
   (LAST, First, Middle):

2. Rate of Pay Per Year: $_________ (this is the person's actual salary; must be equal or higher than minimum annual salary in AAUP Contract for this job title)

3. Check Here to Confirm this is a Full-time Position ______ (Note: Rutgers does not support the filing of H-1B petitions for part-time oppositions)

4. Period of the Proposed H-1B Employment: From *_____/_____/______ TO _____/_____/_____ (M/D/Y)(*from date is the date on which H-1B status should become effective).

5. The Standard Occupational Classification Code (SOC) Code; See instructions for completing the LCA Worksheet and provide the SOC code selected and its description

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<th>Soc code description</th>
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6. Job Title/Department:

7. Job Address(es): List complete addresses of all locations where alien will work. (actual address and county -- but do not list multiple campus locations; specify one primary location.)

8. Prevailing Wage per Year: $_________ minimum annual salary for the job title as it appears in the AAUP Contract.

9. Prevailing Wage Source: Collective Bargaining Unit (AAUP) _______
   SWA_________Other _______
10. Prepared by:
(Name Printed) __________________________
(Signature) ________________________________
(Date) __________ (Phone Extension) __________________
(Email Address) __________________________

11. Approval by Dean or Director:
(Name Printed) __________________________
(Signature) ____________________________ (Date)
Deemed Export Certification for H-1B Petitions

In 2011, the United States Citizenship and Immigration Services (USCIS) issued a new Form I-129 including a certification that went into effect as of February 20, 2011. The Form I-129 is a petition for a non-immigrant alien to come to the United States temporarily in a specialty occupation. This regulation is primarily affecting H1-B visa petitions.

The form requires a "deemed export certification." This means that the University must certify whether or not the beneficiary of the visa petition will have access to export controlled information or technology through his or her work at Rutgers. The certification is based on knowledge as of the time of the application. If the beneficiary's work responsibilities change subsequent to the certification, the certification does not need to be amended.

The certification reads as follows:

With respect to technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations and has determined that:

1. A license is not required from either US Department of Commerce or the US Department of State to release such technology or technical data to the foreign person; or

2. A license is required from the US Department of Commerce or the US Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release to the beneficiary.

This formal certification is made as part of the visa petition process conducted by the Center for Global Services upon advice from the Office of General Counsel. While the department does not make the certification, the certification cannot be completed without information from the department. The visa petition cannot be processed without the certification so it is very important that department provide the necessary information as promptly as possible.

Please note that the certification is made under penalty of perjury. Therefore the information provided must be as complete and accurate as possible. Both the information we require and the certification statement appear on page 2 of this document.

PROCESSING INSTRUCTIONS:

1. The fully executed copy of the form on the next page and all necessary documentation related to this form should be sent to:
   Robert Phillips, Export Compliance Manager; 848-932-4522; export-support@rutgers.edu;
   Administrative Services Building III, Cook Campus.
   Note: All questions about this form and documentation can be directed to Robert Phillips as well.

2. A single photocopy of the fully executed form (form ONLY – no documentation) must be included along with the rest of the H-1B packet submitted to: Sallie Kasper, Newark Coordinator for International Faculty, Hill Hall, Rm. 325.
DEEMED EXPORT CERTIFICATION FOR H-1B PETITIONS

The following needed information can be provided by department/center administrators:

1. A general description of the beneficiary's duties
2. Name and contact information for faculty sponsor and Chair of Department
3. Name and contact information for beneficiary
4. A copy of any & all grants, contracts & awards to which beneficiary is assigned as of date of visa petition if any
5. A copy of the beneficiary's C.V.

The following information (as well as any unanswered questions above) should be provided by the beneficiary's faculty sponsor and/or department chair or center director:

To the extent known at time of visa petitions, will the beneficiary be:

- ☐ Yes ☐ No Working on any grant, contract or award containing publication restrictions
- ☐ Yes ☐ No Working on any grant, contract or award restricting participation of foreign nationals
- ☐ Yes ☐ No Working on corporate sponsored contracts with access to company proprietary information
- ☐ Yes ☐ No Having access to technology or equipment designed or developed with military or space applications
- ☐ Yes ☐ No Working on high-tech or experimental equipment (e.g. high speed computers, lasers, satellites)

If the answer to any of the above is yes, please explain.

The following certification must be signed by the beneficiary's faculty sponsor and the chair of the relevant department or director of the relevant center.

I certify under penalty of perjury that, to the best of my knowledge, the information herein provided is true and accurate as it pertains to the H-1B petition for:

________________________________________
Name of beneficiary

And that, with respect to the beneficiary's expected duties at Rutgers:

☐ A license is not required from either the US Department of Commerce or the US Department of State to allow beneficiary access to the technology or technical data he/she will use or be exposed to while working for Rutgers.

☐ A license is required from the US Department of Commerce and/or the US Department of State in order for beneficiary to access certain export controlled technology or technical data beneficiary will use or be exposed to while working for Rutgers. Please note, if a license is required, beneficiary may have no access to said export controlled materials until and unless a proper license is in place.

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<th>Faculty Sponsor Name ________________________________</th>
<th>Center Director or Dept. Chair Name ____________________________</th>
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<td>Signature ___________________________ Date: _________</td>
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The new I-129 form is available at http://www.ucis.gov/files/form/i-129.pdf. Rutgers H-1B petitions should be submitted to the appropriate campus office and prepared in accordance with that office's instructions.
Form # 4: H-1B Department Certification From

can submit the LCA for certification from the U.S. Department of Labor and USCIS adjudication. The hiring department must certify the following statements and complete the required information.

I certify that:

- The salary being paid to the above named employee is at least the actual wage being paid to all other 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 (regional average), whichever is higher.
- Fringe benefits offered to this employee are equivalent to that offered to other U.S. workers in the same classification.
- Employing this person will not adversely affect the working conditions of U.S. workers similarly employed.
- There is no strike, lockout, or work stoppage due to labor dispute in this occupation.
- We agree to comply fully with the terms of the Labor Condition Application stated above for the duration of the alien's employment in H-1B status at Rutgers.
- We fully understand that any willful violation connected with providing inaccurate information in the LCA may incur severe penalties that have a long-range impact at Rutgers to include fines and legal prosecution.
- As required by the US Citizenship and Immigration Services, we agree to pay the reasonable cost of return transportation to the alien's home country if s/he is dismissed before the end of the authorized period of H-1B employment.
- We have contacted the Rutgers Export Compliance Manager and have the Deemed Export Certification Form signed and we will comply with all Licensure Requirements for research activities.

Certified by:

- Direct Supervisor of Hiring Unit:

  ____________________________________________  ____________________________  ________________
  (Name printed) (Signature) (Date)

- Chair or Director of Hiring Unit:

  ____________________________________________  ____________________________  ________________
  (Name printed) (Signature) (Date)

- Contact Person of Hiring Unit:

  Name: ________________________________  Phone #: __________________

  Email: ________________________________
Form #7: I-539, Application to Extend/Change Nonimmigrant Status

(Number of pages depends on # of dependents in U.S. This form is required ONLY if visa dependent(s) is(are) physically in the U.S. at the time of filing the H1B petition. If the alien has a spouse and/or children already in the U.S. in dependent nonimmigrant status, the following must be submitted to the Newark Director of International Services’ office by the hiring unit along with the rest of the H-1B petition packet. Please submit one original and one photocopy of each item only).

IMPORTANT NOTE: The Director’s office is not responsible for reviewing this form for the dependent(s), although we will enclose the form in the H-1B petition packet to be submitted to USCIS, so the H-1B beneficiary’s dependent(s) must read and follow the filing instructions closely and make sure the form is fully completed and signed by the dependent in blue ink. The dependent(s) must complete the I-539 in his/her/their name(s). The H-1B principal alien is not the applicant on the form I-539; the applicant(s) is(are) the dependent(s).

FORM I-539 CAN BE OBTAINED ON THE USCIS WEB SITE AT: www.uscis.gov

- Click on “Immigration Forms” tab at the top of the page
- Scroll down to Form I-539

The following items constitute a completed I-539 packet for dependents:

- Form I-539, filled out by – and in the name of – the spouse, or, if there is no spouse, in the name of the first visa dependent (original plus one copy);

- a completed “I-539 Supplement” if there is more than one visa dependent (original plus one copy);

- two copies of all Forms I-94 of all visa dependents (the I-94 is a computer generated form issued by CBP);

- two copies of marriage license (for spouse only) and birth certificates (for children only) and;


If the marriage license and/or birth certificate(s) are in a foreign language, a certified translation must be attached.

A certified translation is one on which the translator has written, “I certify that I am competent in both the English and ______________ languages and that this is a true and accurate translation of the attached document.” The translator then signs and dates this statement in the presence of a notary public, who then notarizes the signature.
# Application to Extend/Change Nonimmigrant Status

## For USCIS Use Only
- Returned
- Resubmitted
- Relocated
- Received
- Sent

### Remarks:
- □ Grant
- □ Denied
- New Class: ___________________________
- From: __/__/____
- To: __/__/____
- □ Still within period of stay
- □ S/D to: ___________________________
- □ Place under docket control

### Action Block
- □ Applicant interviewed on ____________

---

## Part 1. Information About You

1. **Alien Registration Number (A-Number)**

2. **USCIS Online Account Number (if any)**

3. **Family Name**
   - **(Last Name)**

4. **Given Name**
   - **(First Name)**

5. **Middle Name**

### Mailing Address
- **In Care Of Name**: ______________________________________
- **Street Number and Name**: ______________________________________
- **Apt.**: □ Ste. □ Flr. □
- **City or Town**: ______________________________________
- **State**: ________ **ZIP Code**: __________________________

### Physical Address
- **Street Number and Name**: ______________________________________
- **Apt.**: □ Ste. □ Flr. □
- **City or Town**: ______________________________________
- **State**: ________ **ZIP Code**: __________________________

---

## Other Information

6. **Country of Birth**: ______________________________________

7. **Country of Citizenship or Nationality**: ______________________________________

8. **Date of Birth**: __/__/____

9. **U.S. Social Security Number (if any)**

10. **Date of Last Arrival Into the United States**: __/__/____

Provide information about your most recent Form I-94:

11a. **I-94 Arrival-Departure Record Number**: ______________________________________

11b. **Passport Number**: ______________________________________

11c. **Travel Document Number**: ______________________________________

11d. **Country of Issuance for Passport or Travel Document**: ______________________________________

11e. **Expiration Date for Passport or Travel Document**: __/__/____

12a. **Current Nonimmigrant Status**: ______________________________________

12b. **Expiration Date**: __/__/____

12c. □ Check this box if you were granted Duration of Status (D/S).
Part 2. Application Type (See instructions for fee)

I am applying for: (Select one)

1. ☐ An extension of stay in my current status.
2.a. ☐ A change of status. The new status and effective date of change. (mm/dd/yyyy) ▶
2.b. The change of status I am requesting is:

3. ☐ Reinstatement to student status.
Number of people included in this application: (Select one)

4. ☐ I am the only applicant.
5.a. ☐ Members of my family are filing this application with me.
5.b. The total number of people (including me) in the application is: (Complete the supplement for each co-applicant.)

Part 3. Processing Information

1.a. I/We request that my/our current or requested status be extended until (mm/dd/yyyy) ▶
1.b. ☐ Check this box if you were granted, or are seeking, Duration of Status (D/S).
2.a. Is this application based on an extension or change of status already granted to your spouse, child, or parent? ☐ Yes ☐ No
2.b. If "Yes," provide USCIS Receipt Number.

3.a. Is this application based on a separate petition or application to give your spouse, child, or parent an extension or change of status? ☐ Yes, filed with this I-539. ☐ No
☐ Yes, filed previously and pending with USCIS.
3.b. If pending with USCIS, provide USCIS Receipt Number ▶

If the petition or application is pending with USCIS, also give the following data:

3.c. First and last name of petitioner or applicant

Office where petition or application filed:

3.d. City or Town
3.e. State
3.f. Date Filed (mm/dd/yyyy) ▶

Part 4. Additional Information

If you are the Principal Applicant, provide your current Passport information:

1.a. Country of Issuance for Passport
1.b. Expiration Date for Passport (mm/dd/yyyy) ▶

Foreign Home Address

2.a. Street Number and Name
2.c. City or Town
2.d. Province
2.e. Postal Code
2.f. Country

Answer the following questions. If you answer "Yes" to any question, describe the circumstances in detail and explain on a separate sheet of paper.

3. Are you, or any other person included on the application, an applicant for an immigrant visa? ☐ Yes ☐ No

4. Has an immigrant petition EVER been filed for you or for any other person included in this application? ☐ Yes ☐ No

5. Has Form I-485, Application to Register Permanent Residence or Adjust Status, EVER been filed by you or by any other person included in this application? ☐ Yes ☐ No

6. Have you, or any other person included in this application, EVER been arrested or convicted of any criminal offense since last entering the United States? ☐ Yes ☐ No

Have you, or any other person included on the application, EVER ordered, indicted, called for, committed, assisted, helped with, or otherwise participated in any of the following:

7. Acts involving torture or genocide? ☐ Yes ☐ No
8. Killing any person? ☐ Yes ☐ No
9. Intentionally and severely injuring any person? ☐ Yes ☐ No
10. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? ☐ Yes ☐ No
11. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☐ No
3a. Applicant's Signature

Date of Signature: [mm/dd/yyyy]

3b. Applicant's Signature

Date of Signature: [mm/dd/yyyy]

4. Applicant's Certification

I certify, under penalty of perjury, that the information in this application for temporary protected status is complete and correct. I understand that the U.S. Secretary of Homeland Security may deny this application if any information on this form is not complete and correct. I authorize release of information contained in this form, including documents and information regarding me, to appropriate federal, state, and local entities to verify the accuracy of the information provided. I understand that the U.S. Secretary of Homeland Security may take action against any person who provides false information or who fails to provide complete and correct information on this form.

5. Information for Applicants

5a. Name

5b. Address

5c. Telephone Number

5d. Email Address

6. Employment Information

6a. Employer Name

6b. Employer Address

6c. Employment Status

6d. Employment Duration

6e. Employment Verification

7. Education Information

7a. School Name

7b. School Address

7c. Enrollment Status

7d. Graduation Date

8. Family Information

8a. Spouse Name

8b. Spouse Address

8c. Children's Names

8d. Children's Ages

9. Medical History

9a. Allergies

9b. Medical Conditions

9c. Prescription Medications

10. Criminal History

10a. Convictions

10b. Pending Charges

10c. Current Charges

11. Immigration History

11a. Previous Immigration Status

11b. Previous Immigration Dates

11c. Previous Immigration Actions

12. Family Members

12a. Spouse's Name

12b. Spouse's Relationship

12c. Children's Names

12d. Children's Ages

13. Travel History

13a. Country of Last Visit

13b. Date of Visit

13c. Method of Travel

14. Employment History

14a. Current Employer

14b. Current Position

14c. Current Employment Dates

15. Educational History

15a. Current Institution

15b. Current Major

15c. Current Grade

16. Medical History

16a. Allergies

16b. Medical Conditions

16c. Prescription Medications

17. Criminal History

17a. Convictions

17b. Pending Charges

17c. Current Charges

18. Immigration History

18a. Previous Immigration Status

18b. Previous Immigration Dates

18c. Previous Immigration Actions

19. Family Members

19a. Spouse's Name

19b. Spouse's Relationship

19c. Children's Names

19d. Children's Ages

20. Travel History

20a. Country of Last Visit

20b. Date of Visit

20c. Method of Travel
Part 5. Applicant's Statement, Contact Information, Certification and Signature (continued)

Applicant's Contact Information

4. Applicant's Daytime Telephone Number

5. Applicant's Mobile Telephone Number

6. Applicant's E-mail Address

Part 6. Contact Information, Statement, Certification, and Signature of the Interpreter

Interpreter's Full Name

Provide the following information concerning the interpreter:

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number and Name


3.c. City or Town

3.d. State □ 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's E-mail Address

Interpreter Certification

I certify that:

I am fluent in English and ________________________, which is the same language provided in Part 5., Item Number 1.b.;

I have read to this applicant every question and instruction on this form, as well as the answer every question, in the language provided in Part 5., Item Number 1.b.; and

The applicant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the applicant verified the accuracy of every answer.

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy) □

Part 7. Contact Information, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant

Preparer's Full Name

Provide the following information concerning the preparer:

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

Preparer's Mailing Address

3.a. Street Number and Name


3.c. City or Town

3.d. State □ 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country
Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's E-mail Address

7.a. [ ] I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.

7.b. [ ] I am an attorney or accredited representative and my representation of the applicant in this case (choose one) extends [ ] does not extend [ ] beyond the preparation of this form.

Preparer's Certification

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the applicant. I completed this form based only on responses the applicant provided to me. After completing the form, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the form. If the applicant supplied additional information concerning a question on the form, I recorded it on the form.

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) ▶
Part 4. (continued) Additional Information for Answers to Item Numbers 18., 19., and 20.

If you answered "Yes" to Item Number 18. in Part 4. of this form, give the following information concerning the removal proceedings. Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.

1. __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

If you answered "No" to Item Number 19. in Part 4. of this form, fully describe how you are supporting yourself. Include the source, amount, and basis for any income.

2. __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

If you answered "Yes" to Item Number 19. in Part 4. of this form, fully describe the employment. Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

3. __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

If you answered "Yes" to Item Number 20. in Part 4. of this form, list the name and dates of the person or persons who maintained status as a J-1 exchange visitor or J-2 dependent.

4. __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
Supplement A. Attach to Form I-539 when more than one person is included in this application.
(List each person separately. Do not include the person named in Form I-539.)

Person One
1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

1.d. Date of Birth (mm/dd/yyyy)

1.e. Country of Birth

1.f. Country of Citizenship or Nationality

1.g. U.S. Social Security Number (If any)

1.h. Alien Registration Number (A-Number)

1.i. Date of Arrival (mm/dd/yyyy)

1.j. I-94 Arrival/Departure Record Number

1.k. Passport Number

1.l. Travel Document Number

1.m. Country of Issuance for Passport or Travel Document

1.n. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

1.o. Current Nonimmigrant Status

1.p. Expiration Date (mm/dd/yyyy)

Person Two
2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Date of Birth (mm/dd/yyyy)

2.e. Country of Birth

2.f. Country of Citizenship or Nationality

2.g. U.S. Social Security Number (If any)

2.h. Alien Registration Number (A-Number)

2.i. Date of Arrival (mm/dd/yyyy)

2.j. I-94 Arrival/Departure Record Number

2.k. Passport Number

2.l. Travel Document Number

2.m. Country of Issuance for Passport or Travel Document

2.n. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

2.o. Current Nonimmigrant Status

2.p. Expiration Date (mm/dd/yyyy)
**Supplement A. Attach to Form I-539 when more than one person is included in this application.**
*(List each person separately. Do not include the person named in Form I-539.)*

### Person Three

<table>
<thead>
<tr>
<th>3.a. Family Name <em>(Last Name)</em></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.b. Given Name <em>(First Name)</em></td>
<td></td>
</tr>
<tr>
<td>3.c. Middle Name</td>
<td></td>
</tr>
<tr>
<td>3.d. Date of Birth <em>(mm/dd/yyyy)</em></td>
<td></td>
</tr>
<tr>
<td>3.e. Country of Birth</td>
<td></td>
</tr>
<tr>
<td>3.f. Country of Citizenship or Nationality</td>
<td></td>
</tr>
<tr>
<td>3.g. U.S. Social Security Number <em>(if any)</em></td>
<td></td>
</tr>
<tr>
<td>3.h. Alien Registration Number <em>(A-Number)</em></td>
<td></td>
</tr>
<tr>
<td>3.i. Date of Arrival <em>(mm/dd/yyyy)</em></td>
<td></td>
</tr>
<tr>
<td>3.j. I-94 Arrival/Departure Record Number</td>
<td></td>
</tr>
<tr>
<td>3.k. Passport Number</td>
<td></td>
</tr>
<tr>
<td>3.l. Travel Document Number</td>
<td></td>
</tr>
<tr>
<td>3.m. Country of Issuance for Passport or Travel Document</td>
<td></td>
</tr>
<tr>
<td>3.n. Expiration Date for Passport or Travel Document <em>(mm/dd/yyyy)</em></td>
<td></td>
</tr>
<tr>
<td>3.o. Current Nonimmigrant Status</td>
<td></td>
</tr>
<tr>
<td>3.p. Expiration Date <em>(mm/dd/yyyy)</em></td>
<td></td>
</tr>
</tbody>
</table>

### Person Four

| 4.a. Family Name *(Last Name)* |  |
| 4.b. Given Name *(First Name)* |  |
| 4.c. Middle Name |  |
| 4.d. Date of Birth *(mm/dd/yyyy)* |  |
| 4.e. Country of Birth |  |
| 4.f. Country of Citizenship or Nationality |  |
| 4.g. U.S. Social Security Number *(if any)* |  |
| 4.h. Alien Registration Number *(A-Number)* |  |
| 4.i. Date of Arrival *(mm/dd/yyyy)* |  |
| 4.j. I-94 Arrival/Departure Record Number |  |
| 4.k. Passport Number |  |
| 4.l. Travel Document Number |  |
| 4.m. Country of Issuance for Passport or Travel Document |  |
| 4.n. Expiration Date for Passport or Travel Document *(mm/dd/yyyy)* |  |
| 4.o. Current Nonimmigrant Status |  |
| 4.p. Expiration Date *(mm/dd/yyyy)* |  |
Supplement A. Attach to Form I-539 when more than one person is included in this application. (List each person separately. Do not include the person named in Form I-539.) (continued)

Person Five
5.a. Family Name
   (Last Name) ___________________________________________
5.b. Given Name
   (First Name) __________________________________________
5.c. Middle Name __________________________________________
5.d. Date of Birth  (mm/dd/yyyy) ▶ ____________
5.e. Country of Birth _______________________________________
5.f. Country of Citizenship or Nationality _______________________
5.g. U.S. Social Security Number (if any) ▶ ___________________
5.h. Alien Registration Number (A-Number) ▶ A-
5.i. Date of Arrival  (mm/dd/yyyy) ▶ _______________________
5.j. I-94 Arrival/Departure Record Number ▶ _____________
5.k. Passport Number _________________________________________
5.l. Travel Document Number ________________________________
5.m. Country of Issuance for Passport or Travel Document ______
5.n. Expiration Date for Passport or Travel Document
   (mm/dd/yyyy) ▶ ______________________
5.o. Current Nonimmigrant Status ____________________________
5.p. Expiration Date (mm/dd/yyyy) ▶ _______________________

Person Six
6.a. Family Name
   (Last Name) ___________________________________________
6.b. Given Name
   (First Name) __________________________________________
6.c. Middle Name __________________________________________
6.d. Date of Birth  (mm/dd/yyyy) ▶ ____________
6.e. Country of Birth _______________________________________
6.f. Country of Citizenship or Nationality _______________________
6.g. U.S. Social Security Number (if any) ▶ ___________________
6.h. Alien Registration Number (A-Number) ▶ A-
6.i. Date of Arrival  (mm/dd/yyyy) ▶ _______________________
6.j. I-94 Arrival/Departure Record Number ▶ _____________
6.k. Passport Number _________________________________________
6.l. Travel Document Number ________________________________
6.m. Country of Issuance for Passport or Travel Document ______
6.n. Expiration Date for Passport or Travel Document
   (mm/dd/yyyy) ▶ ______________________
6.o. Current Nonimmigrant Status ____________________________
6.p. Expiration Date (mm/dd/yyyy) ▶ _______________________

Form I-539  12/23/16 N  Page 9 of 9
FORM #8: Form I-907 Required Only if Filing for “Premium Processing”

This form will be prepared in the office of the Newark Director of International Faculty Services.

If the department wishes to avail itself of this expedited process, please attach a check or money order in the amount of $1,410, made payable to the Department of Homeland Security and include in the H1B packet of material.
Form #3: H-1B Scholar Information Sheet (page 1 of 2)
(Provides employing unit information it needs from the employee in order to complete forms in the packet)

TO BE COMPLETED BY THE EMPLOYEE NAMED IN THE H-1B PETITION

CURRENT EMAIL OF THE SCHOLAR: ____________________________________________

1. Family name (exactly as it appears in passport) ______________________________________

2. Given name (first name exactly as it appears in passport) ____________________________

3. Middle name (if applicable and only if listed in passport) __________________________

4. Gender Male ______  Female ______

5. All other names used ___________________________________________________________

__________________________________________

6. Date of Birth (mm/dd/yyyy) ____________________________

7. U.S. Social Security # (if any) ________________________________________________

8. USCIS A# (if any) __________________________________________________________

9. Country of Birth ____________________________________________________________

10. Province or State or City of Birth ______________________________________________

11. Country of Citizenship ______________________________________________________

12. Do you and any dependents filing with you have a valid passport?  Yes____  No____
   If you answer “no” please provide on a separate sheet of paper an explanation and/or proof that an extension has been applied for.

13. Are applications for dependents being filed with this petition?  Yes____  No____
   If you answer “yes” please indicate how many dependents are included_____________

14. Are you or your dependents currently in U.S. immigration removal proceedings?  Yes____  No____
   If you answer “yes” please provide an explanation on a separate sheet of paper.

15. Has a U.S. immigrant petition ever been filed for any person in this petition, including dependents?  Yes____  No____
   If you answer “yes” please provide an explanation on a separate sheet of paper.

16. Have you ever been given any H status of any kind (including H-4) before?  Yes____  No____
   If you answer “yes” please indicate all the dates on a separate sheet of paper.

17. Have you ever been denied H status?  Yes____  No____
   If you answer “yes” please explain on a separate sheet of paper.

18. Please provide a list of every period during which you have ever held J-1 or J-2 status in any J category. (Note: because the H-1B petition form asks for documentation of all J status periods, we will need you to provide documentation in the form of copies of DS-2019s, IAP-66s, or J-1/J-2 visa in passport__________________________
Form #3: H-1B Scholar Information Sheet (page 2 of 2)
(Complete ONLY ONE Section Below: Section A or Section B, but not both).

SECTION A  H-1B STATUS: Complete #19 - #27 ONLY IF you are currently in the U.S. and do NOT intend to leave the U.S. before beginning employment at Rutgers.

19. To help us file your H-1B petition in the most appropriate way for your situation, please list approximate dates and destinations of all your planned travel outside the U.S. in the next 12 months

________________________________________________________________________  ____________________________

20. Date of Most Recent Arrival in the U.S., if applicable. _______________________________________

21. I-94# (from the most recent arrival/departure document) _________________________________________

22. Current Nonimmigrant Status in the U.S.: ________ (Note: if currently in H-1B status, you are eligible for Rutgers H-1B sponsorship only if you can document with copies of your 3 most recent pay stubs that you are still employed in your current H-1B job at the time Rutgers files its H-1B petition for you.)

23. Date Status Expires, if applicable (F-1 and J-1 visa holders: put “D/S”) ___________________________

24. Passport Number ______________________________________

25. Date passport issued (mm/dd/yyyy) _______________  26. Date passport expires: _________________

27. Current U.S. address __________________________________________

SECTION B  H-1B VISA: Complete #28 and #29 ONLY IF you will be visiting a U.S. consulate abroad and applying for an H-1B visa prior to beginning employment at Rutgers. (Note for Canadian Citizens only: unless you are changing to H-1B status within the U.S., please complete #28 and #29 even though you will NOT need to visit a U.S. embassy)

28. The U.S. consulate or U.S. immigration inspection facility you will visit to obtain your U.S. H-1B visa.

   Office Address (City): __________________________  Country of Citizenship or Nationality: __________________________

29. Your foreign address (your permanent address outside the U.S.) Please provide complete address.

   Street # & Name: ____________________________  Apt. ☐ Ste. ☐ Flr. ☐  City or Town: __________________________

   State or Province: __________________________  Postal Code: _________  Country: __________________________

By signing below, I certify that all of the above information is correct to the best of my knowledge AND that neither I nor any dependents are currently subject to regulation 212(e) which subjects certain J visa holders to a 2-year home residence requirement. (NOTE: If you ARE currently subject to this requirement, do not sign this form, but contact your department at Rutgers immediately.)

_________________________________________  __________________________
Signature  Date

PLEASE RETURN THE COMPLETED FORM TO YOUR DEPARTMENT ADMINISTRATOR AT RUTGERS
Form 10 : Memorandum Explaining the Actual Wage

(Required For THE PUBLIC ACCESS FILE)

Department of Labor (DOL) regulations are designed to protect U.S. workers. As such, the DOL wants to ensure that U.S. workers are not being displaced by H-1B employees. The requirements to provide an "explanation of the actual wage" are to document that employers are not using the H-1B program to hire foreign workers at salaries lower than those a U.S. worker would expect for a similar position with similar requirements and responsibilities. Please note that the DOL reserves the right to conduct employer audits of Public Access Files.

Name of the H-1B employee

Name of Hiring Department or Center

Actual wage being paid to the H-1B employee

(Exactly as actual wage is noted on the LCA Worksheet)

The following explanations must be included below or on additional pages:

An explanation of how the "prevailing wage" was determined. At Rutgers, "prevailing wage" is the minimum annual salary for the job title as it appears in AAUP contract, so this documentation should consist of a copy of the applicable page of the AAUP contract with the "prevailing wage" (minimum salary) highlighted for this specific job title and term of appointment (CY or AY).

An explanation of how the "actual wage" (actual salary) for the H-1B employee was determined. Regulations provide guidance on this requirement as follows: A full, clear explanation of the system that the employer used to set the "actual wage" the employer has paid or will pay workers in the occupation [job title] for which the H-1B nonimmigrant is sought, including any periodic increases which the system may provide — e.g., memorandum summarizing the system or a copy of the employer's pay system or scale (payroll records are not required, although they shall be made available to the Department in an enforcement action).

Please note:

- If U.S. employees are paid more than the H-1B employee, you must provide a detailed explanation and justification as to why this is the case, bearing in mind the DOL’s reason for seeking this information (see top of page).
- Any records documenting wages/salary should not violate the privacy of any employees. As such, if you use actual copies of other employees' pay records, you should black out the employees' names and SSN.
REQUIRED SUPPORTING DOCUMENTATION FOR H-1B PETITIONS

All supporting documentation listed below must be submitted in duplicate (one original and one copy)

A. Strong Letter of Support from Department Chair requesting the granting H-1B status; if your school has no departments, letter should be from the Dean (Please refer to sample letter)

Letter should be addressed to: US Citizenship and Immigration Services, California Service Center, Laguna Niguel, California 92677.

Letter should include at least the following:
 a) Title of position, salary and inclusive appointment dates (letter must state that the appointment is temporary;
 b) Position description, the specific academic credentials required for it, and an explanation as to why these specific credentials are required;
 c) Explanation of how the individual is considered to have a “specialty occupation.” (This is the language of the regulations). The explanation should be more than a perfunctory statement, and can address the way in which the unique talents of the individual will help the department to meet its specific needs;
 d) Original signature of the department chair on at least one of the copies of the letter.

B. Individual’s most recent curriculum vitae;

C. Photocopies of the highest degree diploma:

If the diploma is in a foreign language, a certified translation must be attached. (Exception: diplomas in Latin from a U.S. institution of higher education are usually accepted with a translation and transcripts.)

A certified translation is one in which the translator has written, “I certify that I am competent in both the English and ________ languages and that this is a true and accurate translation of the attached document.” The translator then signs and dates this statement in the presence of a notary public, who notarizes the signature.

If the diploma is from a foreign university, we strongly recommend you obtain a “credential evaluation” which certifies it is equivalent to a U.S. Ph.D.
The USCIS frequently returns H-1B petitions submitted with a foreign degree but without a credentials evaluation, and this can delay the petition approval process by several weeks or more. Following are links for 3 Credit Evaluation Services:

- [http://www.evaluationservice.net/](http://www.evaluationservice.net/)
- [http://naces.org/](http://naces.org/)
- [https://www.wes.org/](https://www.wes.org/)

**Note: if the Ph.D. diploma has not yet been awarded,** you may submit a certified copy of the Master’s diploma plus a letter with original signature from the registrar at the Ph.D. granting institution that all degree requirements have been completed and indicating the expected date of conferral of the Ph.D. degree.

D. Photocopy of the Dean’s letter offering the position to the alien;

E. Official Job Description from the Dean or Director;

F. Copies of appropriate pages from the individual’s passport. These pages should include:
   - the individual’s picture
   - the passport number
   - passport expiration date, and
   - visa stamp
   - if the individual is already in the U.S., attach copy of I-94 form in the individual’s possession (this is a computer-generated printout which can be downloaded at [www.cbp.gov/I94](http://www.cbp.gov/I94)).

G. **Plus one the following:**
   - If individual is currently in F-1 student status, attach photocopy of front and back of “Form I-20” (student) copy (white, full-page form) and, if on authorized Practical Training, a photocopy of the Employment Authorization Document (small ID-sized card);
   - If individual is currently in J-1 status, attach photocopies of all DS-2019 forms in his/her possession and a copy of the J-1 visa stamp from the passport. Also, if the J-1 is subject to the two-year home county residence requirement, provide a copy of the waiver of this requirement from USCIS. (If waiver is required but not yet obtained, contact the Newark Office of International Students and Scholar Services immediately, as obtaining a waiver of the two year requirement can be a lengthy process and by no means is automatic);
   - If the individual is currently in H-1B status with another employer, attach a copy of the individual’s current and all previous Notices of Approval for
the H-1B Petition, (Form I-797) and copies of the three most recent paystubs—as proof that s/he is still employed with the previous employer.

- If the individual is currently in H-1B status sponsored by Rutgers and you are filing an extension petition, please provide copies of the three most recent paystubs in order to establish that the beneficiary has been maintaining a valid H-1B status.

- If the individual is currently in H-4 status, attach a copy of the H-1B principal’s documents as listed immediately above (under “if the individual is currently in H-1B status with another employer”) plus a copy of the marriage license documenting the alien and his/her H-1B spouse are legal spouses, and copies of all H-4 Notices of Approval by USCIS to the H-4 individual and dependent(s) passport biodata page showing the expiration date.
SAMPLE LETTER IN SUPPORT OF H1B PETITION
(Please Print out on Department letterhead and Sign in Blue Ink)

U.S. Department of Homeland Security
USCIS, California Service Center
Attn: Cap Exempt H-1B Processing Unit
24000 Avila Road, Room 2312
Laguna Niguel, CA 92677

Re: Dr. Doe's H-1B Petition

To Whom It May Concern:

This letter is submitted in support of the H1B petition of Rutgers University for Dr. Doe, who has been hired as a faculty member in the department of Y on a temporary basis. The intended period of H1B employment is from September 1, 2014 to August 31, 2015, with an annual salary of $ annual salary.

Rutgers, an innovative and rapidly growing public university, is the largest institution in New Jersey and one of the oldest schools in the nation. Rutgers’ hundreds of undergraduate and graduate programs of study provide something for everyone, including the natural, physical and social sciences, the liberal, fine and performing arts, business, engineering and everything in between. Rutgers is also known for its highly varied graduate and undergraduate research activities, which encompass everything from cancer prevention to evolutionary studies to studies in preschool education.

Dr. Doe is being offered a full-time position at the level of Assistant Professor. Within the Department of Y, Dr. Doe's responsibilities will include teaching of both undergraduate and graduate courses, as well as conducting research in xx. Because of Dr. Doe's broad background in research and teaching in the area of xx, we believe he will make outstanding contributions to the Department of Y, enhancing Rutgers reputation as a leader in this area.

Dr. Doe is most highly qualified for a teaching position at Rutgers. He received his Ph.D. from the Institute of Technology in 1995. He was employed as a post-doctoral fellow at University for the past three years, where he worked closely with leading scientists in the field of XX and YY. Dr. Doe also taught undergraduate students YY courses and received outstanding evaluations. She has written numerous articles in professional journals and has been cited by other scholars in the field. Dr., Doe has presented his research work at two major conferences in the United States and has been invited to speak at several Canadian and European universities.

In conclusion, Dr. Joe will be an asset to the Department of Y. Rutgers will benefit significantly by having Dr. X continue his research at Rutgers on an H-1B1 visa. Please contact me if you require further information.

We intend to employ Dr. Joe for an initial period of three years in the position offered. Our department will bear responsibilities for reasonable costs of return transportation abroad of the alien should he be dismissed from employment before the expiration of the H1B petition. Thank you for your assistance and cooperation in processing this request.

Sincerely,

Signature of Hiring official (Department Chair or Dean)
H-1B Faculty or Scholar
REQUEST TO CLOSE H-1B FILE AND END RUTGERS SPONSORSHIP

All H-1Bs on Rutgers sponsorship MUST complete and return this form by mail, fax or email to the address above before leaving Rutgers. (If returning by email, please put “H-1B Departure” in your subject line.)

REQUIRED INFORMATION:

Date: ___________________________ SSN: ___________________________
Name (last, first): ___________________________
Current U.S. Address: ___________________________

**Check all reasons that explain your situation for going off of Rutgers visa sponsorship**

___ Changing to another nonimmigrant status in the U.S.
   (New status: ___________________________)
___ Becoming a U.S. Permanent Resident, i.e., “green card” holder
   (Begin date and A#: ___________________________)
___ Leaving the U.S., do not intend to return to Rutgers University in the near future
   (Date departing from the U.S.: ___________________________)
___ Changing H-1B employers
   (Date starting new H-1B employment: ___________________________)
___ Other reason(s). Please explain: ___________________________

OPTIONAL INFORMATION:

Forwarding address (address where you will be in the future): ___________________________

E-mail: ___________________________ Phone: ___________ Fax, if any: ___________

Permanent home country address (if different from forwarding address): ___________________________

Please use the back of this form to offer any comments, suggestions or issues you would like to call to our attention concerning your time at Rutgers.

We wish you the very best of luck in your future!