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 $1,440). 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 also 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”

<table>
<thead>
<tr>
<th>Fee</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$460</td>
<td>Required fee for Form I-129 (must be paid by the department under all circumstances)</td>
</tr>
<tr>
<td>$500</td>
<td>Required “Anti-Fraud” Fee (must be paid by the department for all “new” employment petitions)</td>
</tr>
</tbody>
</table>
$370 Required Only If Form I-539 is being submitted for dependents (can be paid by the department or the alien)

$85 Biometrics fee required for each dependent included on the Form I-539

$1,440 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 Office of International Faculty Services 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/processingTimesDisplayInit.do](https://egov.uscis.gov/cris/processingTimesDisplayInit.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 Office of International Faculty Services is determined only by the order in which the paperwork is received from the requesting departments. We therefore advise departments to submit 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 $1,440 Premium Processing fee and the extra strain that expediting puts on employing departments, the Office of International Faculty Services and the prospective H-1B scholars themselves.

March 2020
H-1B PETITIONS FOR FACULTY APPOINTMENTS

Table of Contents

1. Introduction to Each of the Instructions in This Packet .......................... 1-3
2. Departments’ Legal Responsibilities ...................................................... 4-5
3. Required Form #1: The I-129 Petition ................................................. 6-15
4. Required Form #2: The H Classification Supplement .............................. 16-17
5. Required Form #3: The H-1B Collection & Filing Fee Exemption Supplement ....................................................................................................................... 18-20
6. Required Form #4: The Labor Condition Application And Worksheet .... 21-25
7. Required Form #5: “Deemed Export Certification For H-1B Petitions ....... 26-27
8. Required Form #6: H-1B Scholar Information Regarding Public Charge Certification ........................................................................................................... 28-32
9. Required Form #7: Department Certification Form ............................... 33
10. Form #8: I-539 for Visa Dependents Only ........................................... 34
11. Form #9: Form I-907 (Required for “Premium Processing” Only) .......... 35
12. Form #10: H-1B Scholar Information Sheet ........................................ 36-37
13. Form #11: Memorandum Explaining Actual Wage ............................... 38
14. Required Supporting Documentation ..................................................... 39-41
15. Sample Letter in Support of H-1B Petition ......................................... 42
16. H-1B Faculty Request to Close H-1B File ........................................... 43
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 -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.

**Required Form #6: H-1B Scholar Information Sheet Regarding Public Charge Certification**

On January 30, 2020, USCIS announced that it would implement its new Public Charge regulation with an effective date of February 24, 2020. Specifically, USCIS requires that we confirm whether the individual for whom we file a petition has “received”, since obtaining the non-immigrant status that we seek to extend or that we seek to change on behalf of the beneficiary...or is the beneficiary currently “certified to receive” certain public benefits.

This form and its attachments should be sent to the Scholar with a request that it be filled out and returned by email to Sallie Kasper in the Newark Office of International Faculty Services (sakasper@newark.rutgers.edu).

**Form #7: 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 #8: Form-I-539 (Required ONLY for visa dependents of the H-1B who are already in the U.S.)**

I-539 is a generic form used for change of non-immigrant status or extension of status. In this context, the I-539 is used ONLY for the visa dependents of H1B employees already in the U.S. who need to change or extend dependent H4 status along with the H1B employee. (The change or extension of status of the employee him/herself is included in the I-129 petition itself). Please refer to the I-539 filing and fees instructions that can be found at www.uscis.gov. No I-539 is needed for the H1B employee, nor is it 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 non-immigrant status.

**Form #9: 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 #10: 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 #11: 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.

**Sample Letter in Support of H-1B Petition**

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

March 2020
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.a 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. Fora
"premium processing" petitions, an approval comes in three weeks.a

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

3.a It is important that departments inform the Office of thea
Newark Director for International Faculty Services if H-1B employenta
is terminated for any reason prior to the ending date requested ona
the I-129 petition. If an H-1B employee is terminated by the University prior toa
the ending date requested on the Form I-129 petition, the employera
(via the Newark Director for International Faculty Services) is required bya
Federal regulation to notify USCIS. In addition, the employing department is
liable for transportation costs to the foreign country in which the employee mosta
recently resided (unless the employee leaves by choice). In any case, thea
department must notify the Newark Director's Office.a
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
Petition for a Nonimmigrant Worker

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

For USCIS Use Only

<table>
<thead>
<tr>
<th>Class:</th>
<th>No. of Workers:</th>
<th>Job Code:</th>
<th>Validity Dates:</th>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
</table>

Partial Approval (explain)

- Classification Approved
- Consulate/POE/PFI Notified
- Extension Granted
- COS/Extension Granted

Action Block

START HERE - Type or print in black ink.

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)
   - Given Name (First Name)
   - Middle Name
   - N/A

2. Company or Organization Name
   - Rutgers The State University of NJ

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
   - 325
   - City or Town
   - Newark
   - State
   - NJ
   - ZIP Code
   - 07102

4. Contact Information
   - Daytime Telephone Number
   - 973353213
   - Mobile Telephone Number
   - 973353342
   - 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 status 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

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.)

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)
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)  
- Country of Birth

- 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.

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

- Office Address (City)  
- U.S. State or Foreign Country

- 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 10. 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. 0

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
   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 10. 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. □ No. If no, proceed to Item Number 10.

   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 10. 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 10. 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 10. 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 10. 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 IAP-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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>2. LCA or ETA Case Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leave Blank</td>
</tr>
</tbody>
</table>
### 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**
   - **Apt. Ste. Flr.**
   - **Number**
     - 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

13. Year Established

14. Current Number of Employees in the United States

15. Gross Annual Income

16. Net Annual Income

### Part 6. Information About The Beneficiary's Public Benefits

**Part 6.** only applies to petitions that also seek a change of a beneficiary's status or an extension of a beneficiary's nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip Part 6.

Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in Attachment 1 below.

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**This section will be filled in by the International Facility Services Office based on information received by the beneficiary.**
Part 6. Information About The Beneficiary's Public Benefits (continued)

1. Has the beneficiary received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, the following public benefits? (select all that apply).
   - Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)
     - □ Any Federal, State, local or tribal cash assistance for income maintenance
     - □ Supplemental Security Income (SSI)
     - □ Temporary Assistance for Needy Families (TANF)
     - □ General Assistance (GA)
     - □ Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”)
     - □ Section 8 Housing Assistance under the Housing Choice Voucher Program
     - □ Section 8 Project-Based Rent Assistance (including Moderate Rehabilitation)
     - □ Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
     - □ Federally-Funded Medicaid
   - □ No, the beneficiary has not received any of the above listed public benefits.
   - □ No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in Part 10. Additional Information. Submit evidence as outlined in the Instructions.
   - A. Type of Benefit
      - Agency that Granted the Benefit
      - Date the Beneficiary Started Receiving the Benefit or if Certified, Date Benefit Ended or Expires
      - Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
      - Date Benefit Ended or Expires (mm/dd/yyyy)
   - B. Type of Benefit
      - Agency that Granted the Benefit
      - Date the Beneficiary Started Receiving the Benefit or if Certified, Date Benefit Ended or Expires
      - Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
      - Date Benefit Ended or Expires (mm/dd/yyyy)
   - C. Type of Benefit
      - Agency that Granted the Benefit
      - Date the Beneficiary Started Receiving the Benefit or if Certified, Date Benefit Ended or Expires
      - Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
      - Date Benefit Ended or Expires (mm/dd/yyyy)
### Part 6. Information About The Beneficiary's Public Benefits (continued)

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Agency that Granted the Benefit</th>
<th>Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)</th>
<th>Date Benefit Ended or Expires (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

#### 3. If you answered “Yes” to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.
- [ ] The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- [ ] The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- [ ] At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- [ ] At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- [ ] At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- [ ] The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- [ ] None of the above statements apply to the beneficiary.

#### 4.e Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.
- [ ] An emergency medical condition.
- [ ] For a service under the Individuals with Disabilities Education Act (IDEA).
- [ ] Other school-based benefits or services available up to the oldest age eligible for secondary education under State law.
- [ ] While under the age of 21.
- [ ] While pregnant or during the 60-day period following the last day of pregnancy.

#### 5. Provide the applicable dates

<table>
<thead>
<tr>
<th>From: (mm/dd/yyyy)</th>
<th>To: (mm/dd/yyyy)</th>
</tr>
</thead>
</table>
Part 7. 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 8. 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
   Family Name (Last Name): 
   Given Name (First Name): 
   Title: 

2. Signature and Date
   Signature of Authorized Signatory: 
   Date of Signature (mm/dd/yyyy): 

3. Signatory's Contact Information
   Daytime Telephone Number: 
   Email Address (if any): 

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

Provide the following information concerning the preparer:

1. **Name of Preparer**
   - **Family Name (Last Name)**
   - **Given Name (First Name)**

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).)

3. **Preparer's Mailing Address**
   - **Street Number and Name**
   - **Apt. Ste. Flr. Number**
   - **City or Town**
   - **State**
   - **ZIP Code**
   - **Province**
   - **Postal Code**
   - **Country**

4. **Preparer's Contact Information**
   - **Daytime Telephone Number**
   - **Fax Number**
   - **Email Address (if any)**

**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**
   - **Signature of Preparer**
   - **Date of Signature (mm/dd/yyyy)**
Part 10. 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 10. 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-__________

2. Page Number Part Number Item Number

3. Page Number Part Number Item Number

4. Page Number Part Number Item Number
1. Name of the Petitioner

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

2.a. Name of the Beneficiary

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.)

<table>
<thead>
<tr>
<th>Subject's Name</th>
<th>Period of Stay (mm/dd/yyyy)</th>
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<tbody>
<tr>
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<td>From</td>
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</tbody>
</table>

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. If you selected a. or d. in Item Number 4., and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).

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

☐ Yes ☒ No
7. 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

8.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?  
☐ Yes. If yes, please explain in Item Number 8.b.  ☒ No

8.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
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
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
Date (mm/dd/yyyy)
1. Name of the Petitioner
Rutgers, The State University of New Jersey

2. Name of the Beneficiary
Complete the appropriate

Section 1. General Information

1. Employer Information - (select all items that apply)
   a. Is the petitioner an H-1B dependent employer? □ Yes □ No
   b. Has the petitioner ever been found to be a willful violator? □ Yes □ No
   c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements?
      c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least $60,000? □ Yes □ 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 □ No
   d. Does the petitioner employ 50 or more individuals in the United States? □ Yes □ No
      d.1. If yes, are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status? □ Yes □ 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 □ 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 □ 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 or 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 10. 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-1B1 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
   □ b. CAP H-1B U.S. Master's Degree or Higher
   □ c. CAP H-1B1 Chile/Singapore
   □ 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
   ________________________________
   ________________________________
   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 non-exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).
- □ e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
- □ f. The beneficiary of this petition is an L-1 nonimmigrant physician who has received a waiver based on section 214(1) 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 is sought. □ Yes □ No
   
   If no, do not complete Item Numbers 2. and 3.

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—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 before.

9. "Prevailing Wage Source:" For all AAUP positions, check "Collective Bargaining Unit (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 positions).

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.

<table>
<thead>
<tr>
<th>Soc Code</th>
<th>Soc code description</th>
</tr>
</thead>
</table>

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.

   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.

Faculty Sponsor Name ____________________________  Center Director or Dept. Chair Name ____________________________
Signature ____________________________ Date: ______
Signature ____________________________ Date: ______

The new I-129 form is available at http://www.uscis.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.
REQUIRED FORM #6

H-1B Scholar Information Regarding Public Charge Certification

For all petitions seeking an extension or change of immigration status, Form I-129 includes several questions regarding public assistance funds. These questions ask whether you have (1) ever applied for, (2) received, and/or (3) been certified to receive public assistance funds. In this case, the term “certified” means that you have been approved to receive public assistance funds, but have not (yet) received them. Please read the questions carefully and answer them truthfully.

1. Since obtaining your current nonimmigrant status, have you received, or are you currently certified to receive ANY of the following benefits (refer to I-129, Part 6, question 1. attached).
   
   Yes [ ] If yes, please fill out the attached form
   
   No [ ]

2. Have you received, applied for, or been certified to receive Federally-Funded Medicaid in connection with any of the following (refer to I-129, Part 6, question 4. attached)

   Yes [ ] If yes, please fill out the attached form

   No [ ]

By signing below, I certify that all of the information provided on this form and in any of the attachments is correct to the best of my knowledge.

Print Name:

Signature:

Date:

This form, signed and dated, along with any attachments should be emailed to Sallie Kasper, International Faculty Services (sakasper@newark.rutgers.edu)
PUBLIC CHARGE REGULATION

On January 30, 2020, USCIS announced that it would implement its new Public Charge regulation with an effective date of February 24, 2020. US immigration law has long required that temporary visitors and new permanent residents are self-sufficient and do not rely on certain public benefit programs once in the US. In other words, the law has long required that people do not become a “public charge.” When determining whether or not someone is or would likely become a public charge, USCIS would only consider a small number of benefit programs and USCIS would only ask about receipt of these benefits under relatively limited circumstances.

Effective February 24, 2020, USCIS will consider more public benefits in its “public charge” determination and will ask about receipt of these benefits in more situations, including when filing a petition to change or extend someone’s immigration status. This information is not collected by USCIS when an H-1B petition is filed for a new employee coming from abroad or for an employee who is not seeking an extension of their stay within the United States.

Specifically, USCIS requires that we confirm whether the individual for whom we file a petition has “received” since obtaining the nonimmigrant status that [we] seek to extend or that [we] seek to change on behalf of the beneficiary [...] or is the beneficiary currently certified to receive [i.e. "approved to receive"], the following public benefits?

- Any federal, state, local, or tribal cash assistance for income maintenance, such as
- Supplemental Security Income (SSI);
- Temporary Assistance for Needy Families (TANF) which may be provided under another state name;
- Federal, state, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which may exist under other names);
- Supplemental Nutrition Assistance Program (SNAP) – formerly called “Food Stamps”;
- Section 8 Housing Assistance under the Housing Choice Voucher Program;
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation);
- Housing under the Housing Act of 1937; and
- Federally-funded Medicaid (with some exceptions); federally funded Medicaid may also be provided under a state name.

There are other cash benefits that may be considered by USCIS, but that information is not requested on the petition the employer will file, i.e. Form I-129. Also, note that “tax-related cash benefits” are not considered by USCIS. Receipt of Medicare, Workers’ Compensation, Unemployment, Disability Insurance and Social Security benefits (among others) are not considered by USCIS as part of its public charge determination.
Medicaid, even if federally funded, is also not considered if the benefit was provided for
"an emergency medical condition"; "services or benefits funded by Medicaid but
provided under the Individuals with Disabilities Education Act (IDEA)"; "school-based
benefits provided to children who are at or below the oldest age of children eligible for
secondary education as determined under State law"; "benefits received by an applicant
under the age of 21"; and "benefits received by a pregnant applicant, including the period
during the pregnancy and 60 days after the end of the pregnancy." However, USCIS does
require that the employer disclose whether the beneficiary has received, has been
approved to receive or has applied for any of these Medicaid benefits.

Note that receiving any of the benefits considered/listed above does NOT mean that the
recipient is no longer eligible for the immigration benefit for which the petition will be
filed. However, if one has received or has been approved to receive these benefits,
additional information may need to be provided.

For more information, please refer to the
- Public Benefits section of the USCIS Policy Manual
- USCIS Public Charge website, including FAQ
Part 6. Information About The Beneficiary's Public Benefits (continued)

1. Has the beneficiary received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, the following public benefits? (select all that apply).
   - [ ] Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)
     - [ ] Any Federal, State, local or tribal cash assistance for income maintenance
     - [ ] Supplemental Security Income (SSI)
     - [ ] Temporary Assistance for Needy Families (TANF)
     - [ ] General Assistance (GA)
     - [ ] Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
     - [ ] Section 8 Housing Assistance under the Housing Choice Voucher Program
     - [ ] Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
     - [ ] Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
     - [ ] Federally-Funded Medicaid
   - [ ] No, the beneficiary has not received any of the above listed public benefits.
   - [ ] No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in Part 10. Additional Information. Submit evidence as outlined in the Instructions.

   A. Type of Benefit

      | Agency that Granted the Benefit |
      | Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) | Date Benefit Ended or Expires (mm/dd/yyyy) |

   B. Type of Benefit

      | Agency that Granted the Benefit |
      | Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) | Date Benefit Ended or Expires (mm/dd/yyyy) |

   C. Type of Benefit

      | Agency that Granted the Benefit |
      | Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) | Date Benefit Ended or Expires (mm/dd/yyyy) |
Part 6. Information About The Beneficiary's Public Benefits (continued)

D. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date Benefit Ended or Expires
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

3. If you answered "Yes" to Item Number 1, do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

☐ The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

☐ The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

☐ At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

☐ At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.

☐ At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.

☐ The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.

☐ None of the above statements apply to the beneficiary.

4. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.

☐ An emergency medical condition

☐ For a service under the Individuals with Disabilities Education Act (IDEA)

☐ Other school-based benefits or services available up to the oldest age eligible for secondary education under State law

☐ While under the age of 21

☐ While pregnant or during the 60-day period following the last day of pregnancy

5. Provide the applicable dates

From: (mm/dd/yyyy)

To: (mm/dd/yyyy)
Form #1 H-1B Department Certification From

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 License 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 I-539, Application to Extend/Change Nonimmigrant Status

(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 should be submitted to ISSS 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:** our office is not responsible for reviewing this form for the dependent(s), although we will enclose the form in the H1B petition packet to be submitted to USCIS, so the H1B 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 form I-539; the applicant(s) is (are) the dependent(s).

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

- Click on “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-539A if there is more than one visa dependent (original plus one copy);
- Two copies of all Forms I-94 of all visa dependents (the most recent I-94 admission number/record, which is proof of legal visitor status, can be downloaded from https://i94.cbp.dhs.gov/i94/#/home.
- Two copies* of marriage license (for spouse only) and birth certificates (for children only); and
- A check to "Dept. of Homeland Security" for $370.00 and a check of $85 for each dependent included on the I-539.

**Proof of relationships:**
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.
FORM #9: Form I-907 Required Only if Filing for “Premium Processing”

This form will be prepared in the Office of International Faculty Services.

If the Department wishes to avail itself of this expedited process, please attach a check in the amount of $1,440, made payable to the Department of Homeland Security and include in the H-1B packet of material.
Form #JO 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. USCIS A# (if any) __________________________

8. 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 #10 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.)

_________________________________________ Date

Signature

PLEASE RETURN THE COMPLETED FORM TO YOUR DEPARTMENT ADMINISTRATOR AT RUTGERS
Form 11: 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. Doe 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. Doe 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: __________________________

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!