

Office of International Students & Scholars
H-1B Request
(Completed by H -1B Worker)

oiss@stthomas.edu, Tel: 651-962-6650, Fax: 651-962-6655

H-1B Request Form

Please complete this form and return it to your department with all required supporting documents. Please see the checklist for more information regarding the additional documents required for this petition.

| Personal Information : |
|---|
| Name (Surname, First, Middle as in your passport): |
| All Other Names U sed (maiden name, aliases, etc.): |
| Date of Birth (mm |

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Previous F Status:

SEVIS Number: _____ **OPT Card Number:** _____

Employment Authorization (OPT/STEM OPT) Dates: From: _____ To: _____

Previous J-1/ J-2 Status?

Have you ever been granted J -1 or J-2 status in the U.S.? Yes No

If you answered yes to the above question please



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Academic :

Highest Academic Degree Earned:

Name of University that granted the degree:

C

Major Field of Study:

USCIS U.S. Public Charge Determination

For all petitions seeking an extension or change of immigration status, Form I -129 includes several questions regarding U.S. 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 the United States. 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? (Check all that apply)

- Any Federal, State, local, or tribal cash assistance for income maintenance
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Federal, State or local cash benefit programs for income maintenance (often called "General Assistance" in the State context, but which also exist under other names)
- Supplemental Nutrition Assistance Program (SNAP) (commonly known as "food stamps")
- Section 8 Housing Assistance under the Housing Choice Voucher Program, as administered by HUD
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) under Section 8 of the U.S. Housing Act of 1937
- Public Housing under section 9 of the U.S. Housing Act of 1937.

2. Have you received, applied for, or been certified to receive Federally -Funded Medicaid in connection with any of the following? ? (Check all that apply)

- 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 your state law
- While under the age of 21
- While pregnant or during the 60 -day period following the last day of pregnancy

H-1 Conditions Acceptance:

I understand that:

- An individual in H -1B status may not receive payment from any source other than the St. Thomas department that sponsored the H -1 status or another H-1 concurrent sponsor except reimbursement for travel expenses for lecturing.
- If my St. Thomas employment ends, my H -1 petition becomes invalid.
- Any changes in employment, change in time, title, salary, responsibility , etc. may require a new H-1 petition to be filed with USCIS and I must contact OISS immediately.
- If I am dismissed from employment before the end date of my H -1 status, St. Thomas is responsible for paying the reasonable costs of return transportation to my last place of foreign residence.
- The hiring department is required to notify OISS when I terminate employment with St. Thomas.

All of the above information on these forms is complete and accurate.

H-1B Worker Checklist

Please submit one copy (no staples) of the items below to OISS:

All applicants:

- ' Copy of diploma AND English translation, if applicable
- ' **Copy of official transcript (plus English translation, if applicable) A credential evaluation is required if degree is from a non-U.S. institution.**
- ' Current resume/ CV
- ' Unaltered original document form and translation form, if applicable
- ' Passport identity page and expiration page

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Unaltered Original Documents

To the United States Citizenship and Immigration Services

Copies of documents submitted are exact copies of unaltered original documents. I understand that I may be required to submit original documents to an immigration or consular official at a later date.

Print Name of H-1B Worker

Signature of H -1B Worker

Date Signed

Translation of Foreign Language Documents

I, _____ hereby certify that I am competent to translate from the _____ language into English and that the attached is the accurate translation of the original document.

Print Name & Title of Translator

Signature of H -1B Worker

Date Signed