

LSUHSC-9
H-1B NONIMMIGRANT WORKER PRIOR APPROVAL FOR HIRE (OR EXTENSION)

- ☐ New Hire or Change of Status to H1B
☐ Extension for current LSU HSC H1B employee
☐ Change of Employer for current H1B beneficiary

FACULTY SPONSOR: _____ DEPARTMENT: _____

Dept. Address: _____ Dept. Contact: _____

Dept. Contact Phone: _____ Dept. Contact Email: _____

POSITION TITLE: _____ PROPOSED SALARY: _____

***Attach Position Description, approved Training Plan and/or Advertisement.**

FEDEX ACCOUNT# _____ (required)

PROPOSED DATES OF EMPLOYMENT*: FROM: _____ To: _____

**See form instructions for information on how to choose dates*

PATIENT CARE/CONTACT REQUIRED: Yes No

LICENSE REQUIRED: Yes No

WILL ANY WORK BE PERFORMED OFF SITE?* YES NO

For purposes of an H1B petition, "off site" is considered to include locations where actual productive work will be performed, but which are not offices/facilities/locations of the petitioner (LSUHSC).

Off site does **not** include locations where occasional lectures, educational conferences or meetings may take place.

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NAME OF PROPOSED BENEFICIARY

LAST : _____ FIRST: _____ M: _____

DOES THE ALIEN SPEAK FLUENT ENGLISH: Yes No

HOW HAS ENGLISH FLUENCY BEEN VERIFIED? Interview Phone Call Other: _____

Department agrees to pay for the following fees associated with this H-1B filing:

\$460 I-129 petition \$500 fraud prevention (n/a to extension of current LSUHSC employee) \$2,965 premium processing

USCIS will now only accept electronic funds. ISO will initially pay via P card, and reallocate expenses to the dept account(s) indicated

_____	Distribute between	_____	\$ _____
Dept. Account # (to allocate total expense)	two accounts	1st Dept. Account #	Amount
		_____	\$ _____
		2nd Dept. Account #	Amount

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Departmental Approvals:

Date:

Funds Approved/Business Manager: _____

Section Head (if applicable) _____

Department Head: _____

International Services: _____

Dean: _____