



H-1B REQUEST FORM

Type of H-1B request:

- Initial Entry (beneficiary/applicant is outside the U.S. and will enter in H-1B status)
- Change of Status (beneficiary/applicant is in U.S. and will change to H-1B from a different visa status)
- Change of Employer (beneficiary/applicant is H-1B and will change from another U.S. employer to RCUH)
- Extension
- Concurrent Employment
- Amended Petition

Are you requesting USCIS Premium Processing Service? Yes No

Part I: Biographical & Immigration Information (Beneficiary/Applicant will complete this section)

1. Name on Passport: Last (surname): _____ First (given): _____ Middle (if any): _____	2. Other Names (e.g., maiden name, other spellings, etc.): _____ 3. Date of Birth (mm/dd/yyyy): _____
4. Social Security Number (if any): _____	5. A# (if any): _____
6. Nationality: a. Country of Birth: _____ b. Province of Birth: _____ c. Country of Citizenship: _____	7. Telephone Number: _____ 8. Email Address: _____
9. Foreign Address: Street Number and Name: _____ Apt./Ste./Flr.: _____ City/Town: _____ State: _____ Province: _____ Postal Code: _____ Country: _____	
10. If you are already in the United States: Date of Last Arrival: _____ I-94# (attach copy): _____ Current Nonimmigrant Status: _____ Expiration Date: _____ Residential address in the U.S.: _____ If there are future travel plans for travel outside of the U.S., please list the destination and dates of departure & return*: <i>*Note: If you are filing for a change of status or extension of stay, you should NOT leave the U.S. once the RCUH files the petition with the service center if the approval is not received.</i>	
11. If you 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: _____	
12. If you are already in the United States, are you filing any applications for dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the RCUH Dependent Information Form.	
13. Are you currently in removal proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Have you ever filed an immigrant petition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide copies of the receipt notice(s).	

15. Have you ever held H-1, H-2, H-3, or L-1 status? If yes, provide the dates of H-1/H-2/H-3/L-1 status and copies of the I-797 approval notice(s), admission stamps, I-94.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever been denied H-1B status? If yes, provide copy of denial notice.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor? If yes, provide the dates you maintained status as a J-1/J-2. Also provide evidence of this status with 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II: Information about Public Benefits (Beneficiary/Applicant will complete this section ONLY if seeking for a change of status or extension of stay in the United States)

1. Have you received or are you currently certified to receive, any of the following public benefits? (select all that apply). <input type="checkbox"/> Yes, I have received or I am currently certified to receive the following public benefits: (select all that apply) <input type="checkbox"/> Any Federal, State, local or tribal cash assistance for income maintenance <input type="checkbox"/> Supplement Security Income (SSI) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps") <input type="checkbox"/> Section 8 Housing Assistance under the Housing Choice Voucher Program <input type="checkbox"/> Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) <input type="checkbox"/> Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq. <input type="checkbox"/> Federally-Funded Medicaid <input type="checkbox"/> No, I have not received any of the above listed public benefits. <input type="checkbox"/> No, I am not certified to receive any of the above listed public benefits.
2. If you have received or are currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need extra space to complete this section, use a separate sheet. Submit evidence as outlined in the Form I-129 Instructions. A. Type of Benefit: _____ Agency that Granted the Benefit: _____ Date started receiving the benefit or if certified, date 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 started receiving the benefit or if certified, date 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 started receiving the benefit or if certified, date will start receiving the benefit (mm/dd/yyyy): _____ Date benefit ended or expires (mm/dd/yyyy): _____ D. Type of Benefit: _____ Agency that Granted the Benefit: _____ Date started receiving the benefit or if certified, date will start receiving the benefit (mm/dd/yyyy): _____ Date benefit ended or expires (mm/dd/yyyy): _____
3. If you answered "Yes" to Item #1., do any of the following apply to you? Provide the evidence listed in the Form I-129 Instructions. <input type="checkbox"/> I am enlisted in the Armed Forces, or am serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces. <input type="checkbox"/> I am 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.

<p><input type="checkbox"/> At the time I received the public benefits, I (or my 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.</p> <p><input type="checkbox"/> At the time I received the public benefits, I was present in the United States in a status exempt from the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> At the time I received the public benefits, I was present in the United States after being granted a waiver of the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> I am 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.</p> <p><input type="checkbox"/> None of the above statements apply to me.</p>
<p>4. Have you received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Form I-129 Instructions.</p> <p><input type="checkbox"/> An emergency medical condition.</p> <p><input type="checkbox"/> For a service under the Individuals with Disabilities Education Act (IDEA).</p> <p><input type="checkbox"/> Other school-based benefits or services available up to the oldest age eligible for secondary education under State law.</p> <p><input type="checkbox"/> While you were under the of age 21.</p> <p><input type="checkbox"/> While you were pregnant or during the 60-day period following the last day of pregnancy.</p> <p><input type="checkbox"/> None of the above statements apply to me.</p>
<p>5. Provide the applicable dates: From: (mm/dd/yyyy) _____ To: (mm/dd/yyyy): _____</p>

Part III: Position Information (Principal Investigator will complete this section)

<p>1. Position Title: _____ %FTE: _____</p> <p>Intended H-1B period: _____ To: _____ Monthly Salary: \$ _____ (mm/dd/yyyy) (mm/dd/yyyy)</p>
<p>2. Address of Primary work location:</p>
<p>3. Address(es) of any additional work locations:</p>
<p>4. Principal Investigator information:</p> <p>Name: _____</p> <p>Email: _____ Phone: _____</p>
<p>5. Project FedEx account #:</p>

Part IV: Instructions

The H-1B Request Form and supporting documentation must be submitted to RCUH Human Resources five to six (5-6) months prior to the requested effective date of the H-1B status for standard processing or two (2) months prior to the requested effective date of the H-1B status for premium processing. A certified English translation must be provided for any document not in English.

The following are required supporting documents:

1. Copy of valid passport and Form I-94. Include most recent Form I-94 arrival/departure record in passport if already in the U.S. If international travel and return is scheduled prior to submission of this petition, a copy of the I-94 record must be submitted to RCUH immediately upon return.

2. RCUH I-129 Export Controls Compliance Certification Form. Principal Investigator/Supervisor must complete the UH Office of Export Control's [I-129 Certification Decision Tree](http://www.hawaii.edu/offices/export/I-129/) at <http://www.hawaii.edu/offices/export/I-129/>. The Principal Investigator/Supervisor and the Dean/Director must sign the form.
3. Resume.
4. Copies of academic degree(s). If the diploma does not clearly state the major field of study, transcripts must be submitted. Diploma(s) in a foreign language must be submitted with a certified translation. If degree was granted from an academic institution outside of the U.S., a foreign educational credential evaluation must be submitted.
5. Signed letter of support from the Principal Investigator which includes:
 - a. Intended employment period;
 - b. Description of Project;
 - c. Description of job offered;
 - d. Description of person's background and reason why he/she is most suitable for this position; and
 - e. Acknowledgment to pay for the reasonable costs of return travel expenses to home country if alien is dismissed from employment prior to the expiration of the H-1B once issued.
6. USCIS Filing Fees. Filing fees are subject to change. Check the [USCIS](http://www.uscis.gov/forms) website at <http://www.uscis.gov/forms> for current fees. All checks must be made payable to the "**Department of Homeland Security**" or "**U.S. Department of Homeland Security**". Forward the check(s) to RCUH Human Resources. Filing fees must be paid by the project and cannot be passed on to the employee.
 - a. Form I-129 & Fraud Prevention and Detection Fee (new/change of status only). RCUH Human Resources will complete the form for petition.
 - b. Form I-907, Request for Premium Processing Service (Optional). RCUH Human Resources will complete the form for petition.
7. RCUH Dependent Information Form & USCIS Filing Fee (if applicable). This fee may be paid by any source, including the employee.
8. Copies of previous Forms I-797, DS-2019, I-20. (if applicable)
9. Waiver of J-1 visa two-year foreign residence requirement (INA 212(e)) or an advisory opinion. Required for J-1 holders who are subject to the two-year home country physical presence requirement.
10. Though all of the following are not required, it is in the person's best interest that he/she submit as many of the following documents as possible:
 - a. Letters of recommendation or affidavits regarding the alien's experience in the field.
 - b. Copies of membership in professional affiliations or organizations.
 - c. Documentation of awards or honors received by person in the field.
 - d. Any other supporting documentation that recognizes the person's experience or achievements in the field.

Part V: Certification

Beneficiary/Applicant's Certification:

I certify all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all the information contained in, and submitted with, my application and that all of this information is complete, true and accurate.

Beneficiary/Applicant (Signature)

Date

Beneficiary/Applicant (Print Name)

Principal Investigator's Certification:

I certify that I have sufficient funding to support this action and related costs.

Principal Investigator (Signature)

Date

Principal Investigator (Print Name)

Part VI: RCUH Human Resources Visa Request Approval

Director of RCUH HR or Designee

Date