

Checklist of Documents Required for Sponsored Employment

After submitting the *Request for Prevailing Wage and Sponsored Employment* online form, please provide the following documents in order to complete the petition request. Send the documents to the Office of International Programs (OIP) 4016 Student Center, Mail Stop 3033. Only one copy/original is necessary unless indicated, **no staples please**.

- Read and sign the [*Deemed Export Attestation*](#). The Principle Investigator or Hiring Supervisor should read and answer questions on page 3 of the Deemed Export Attestation and it should be completed and sent to OIP as soon as possible.
- A copy of the Position Description that has been approved by Human Resources.
- A copy of the employment offer letter signed by both the sponsoring department and the applicant.
- Check(s) payable to the Department of Homeland Security (may be provided after the other documents are received).
- Read and sign the *Department Statement of Responsibility as Sponsor of Alien Worker* on the attached page below.
- Read and sign the *Statement of Actual Wage Determination* attached below.

Additional Documentation for Physicians with clinical duties:

Alien graduates of foreign medical schools must show that they meet the following additional requirements to qualify for H-1B or E-3 status in order to practice medicine in the U.S. These documents should be included in the request. Physicians may not be employed in TN status with clinical responsibilities.

- United States Medical Licensing Examination (USMLE) steps 1, 2 and 3; or National Board of Medical Examiners (NBME) parts I, II and II; or Federation Licensing Examination (FLEX) parts I and II.
- Certification of Educational Commission of Medical Foreign Graduates (ECFMG).
- Unexpired medical license from the State of Kansas. Obtaining a medical license takes time, so plan accordingly with the physician and OIP to ensure issuance of the medical license before the petition submission date. A copy of the medical license application can be used if necessary to submit the petition; however, the petition will not be approved until evidence of the medical license is obtained.

Department Statement of Responsibility as Sponsor of Alien Worker

1. As a sponsor, I accept responsibility for the accuracy of all information contained in this form and petition request.
2. The department will provide the sponsored employee with a KUMC email address.
3. The department acknowledges that in cases where the employee is coming from abroad and has not yet obtained a Social Security Number, that the employee will have to wait a minimum of 10 days after arriving in the U.S. before applying for a Social Security Number (SSN). The employee can start work prior to being issued the SSN, but cannot be paid until an SSN is obtained. The employee will receive back pay once the SSN is obtained and given to payroll.
4. The department will notify the Office of International Programs (OIP) as soon as possible in the event of any of the following:
 - Cancellation of plans for the employee to come to KUMC. The original USCIS form I-797 will be returned to OIP.
 - Failure to arrive at KUMC by the start date noted on the I-797.
 - Promotion of substantial change in job duties. A new or amended petition will be submitted by OIP if required according to immigration regulations. The department will check with OIP **before** implementing any employment changes.
 - Intent to transfer to another KUMC department or host institution. NOTE: The new KUMC department must submit a petition request **prior** to transfer. A new or amended petition will be submitted by OIP if required according to immigration regulations.
 - Termination of employment at KUMC for any reason. OIP will need to withdraw the petition with USCIS.
5. USCIS regulations hold the employer of an H-1B alien worker “liable for the reasonable costs of return transportation of the alien abroad (last country of legal permanent residence) if the alien is dismissed from employment (even for cause) by the employer before the end of the period of authorized stay.” By signing below, I accept responsibility for such costs in the event of early termination, for any reason.

KUMC Supervisor (same as listed on the online submission form)

Signature _____

Date _____

Department Head (not the direct supervisor)

Name _____

Title _____

Signature _____

Date _____

Statement of Actual Wage Determination

The person in the employing department who is responsible for employment issues should complete this form. The H-1B employee should not have access to the information required of this worksheet as payroll information is confidential.

Documentation on the actual wage determination is required by Department of Labor (DOL) regulations in order to ensure that employers are paying similarly situated employees equivalent salaries. This statement must specify the criteria used by the employer to differentiate among employees included in the same occupation with similar experience and education.

- A) Name of H-1B Employee:

- B) Please check which of the following factors were considered in determining the salary:

- Degree(s) earned
- Area of specialization
- Previous work experience
- Comparable rate of pay at similar institutions
- Other (please explain):

- C) As required by the Department of Labor (DOL), please provide the following information for those individuals employed in the department at this time with the same job title and similar skills, education and experience as the person for whom the H-1B petition will be filed (use additional sheets if necessary). If there are no similarly employed individuals please type "N/A" under the name column.

<u>NAME</u>	<u>JOB TITLE</u>	<u>HIGHEST DEGREE</u>	<u>YEARS OF EXPERIENCE AT KUMC</u>	<u>CURRENT ANNUAL SALARY</u>

I hereby certify that the salary listed above reflects the wage level paid to all other individuals with similar experience and qualifications working in this department. If there is more than one wage paid, I am able to explain the reason(s) for any differential in wage rates.

Signature and title of person completing this form Date