KU Medical Center Mail Stop 3033, 3901 Rainbow Blvd., Kansas City, KS 66160

International Programs

Request for H-1B Petition

Instructions: For more information on sponsoring an employee in H-1B status and the H-1B application process, please visit our website at **www.kumc.edu/international/temp_proc.html**. The hiring department completes the request, the employee completes the supplemental form, and the department submits both forms with all indicated supporting documents to the Office of International Programs (OIP). OIP will notify the employee and/or administrative officer when the approval notice is available for pick up.

Employee Information

Family _____ First _____ Middle (complete) _____

Email address_____

Departmental Sponsor Information

Department in which the activity will occur _____

Individual who will directly supervise the visitor:

Name _____ Title _____

Contact Person:

Name _____ Phone _____

Position Information

1) Title of position _____ KUMC position number: _____

2) Dates of sponsorship under H-1B (should mirror employment dates, either initial hire date or continuing H sponsorship):

Beginning _____ Ending _____
MM/DD/YY MM/DD/YY

3) Physical location(s) of the job duties

(1) _____

(2) _____.

4) Is this a Full-Time 40 hrs a week position:_____ or Part-Time position for _____hours per week.

5) Will the employee be working or contracted with any other employer while working for KUMC, if so employer name:

_____

Funding Information

The annual salary for the position is $_____, or if paid hourly, the hourly wage is $_____. The salary for the position must equal or exceed that provided on the KDOL prevailing wage statement.
Funding for the position will come from the following source(s):

Amount	Source	Funding end date
$_____	_____	_____
$_____	_____	_____

It is assumed that the employee will be eligible for State of Kansas group health insurance and other standard benefits.
If not, explain: _____

Sponsorship for Permanent Residency

Has the department obtained approval from the Vice Chancellor for Academic Affairs to sponsor the employee as a Permanent Resident?_____

Physicians

Alien graduates of foreign medical schools must show that they meet the following additional requirements to qualify for H-1B Status. These documents should be included in the H-1B request:

1. Have passed one of the following
   - FLEX parts I and II or,
   - NBME parts I, II, and II or,
   - USMLE steps 1, 2, and 3
2. Show competency in oral and written English by passing TOEFL.
3. Have a full and unrestricted license to practice medicine in a foreign country or have graduated from a medical school in a foreign country.
4. Unexpired medical license from the State of Kansas.

Petition Fee(s)

All processing fees must be paid by the employer.
Make check(s) payable to: **U.S. Department of Homeland Security,** Washington, DC 20528, FEIN 54-0592745

As of July 31, 2007, the following fee rates apply. Please check only one:

- ☐ Individual will be applying for an H-1B visa and arriving from outside the U.S: **$320 and $500**
- ☐ Individual is presently in the U.S. in a status other than H-1B (even if a current KUMC employee). **$320 and $500**
- ☐ Individual has current H-1B authorization for another employer and will be "transferring" to KUMC. **$320 and $500**
- ☐ Individual is presently employed at KUMC and this petition is to extend current H-1B authorization. **$320 only**
- ☐ Individual is presently employed at KUMC and this petition is to amend current H-1B authorization. **$320 only**

- **A separate, additional fee of $1,000.00 is required for the optional premium processing service.**

Attachments & Checklist

Please provide the following documents with the request form:
Only one copy/original is necessary unless indicated
No staples please!

_____ FedEx waybill or FedEx account number: _____

_____ Check(s)payable to the Department of Home Land Security

_____ The original prevailing wage determination from the Kansas Department of Commerce

_____ A copy of the Position Description that has been approved by Human Resources

_____ Two (2) copies of the letter of offer of employment signed by both the sponsoring department and the applicant

_____ For positions supported by grant funds, proof of funding which shows amount and duration of support for this position

_____ A copy of the resume or curriculum vitae of the applicant.

_____ **One** certified copy and English translations (if applicable) of the degree certificate(s)*.

_____ Read and sign the *Department Statement of Responsibility as Sponsor of Alien Worker* on the following page

* If the highest degree completed is a Bachelors degree, or if there is no obvious relationship between the degree and the position, then transcripts will also be required.

DEPARTMENT STATEMENT OF RESPONSIBILITY AS SPONSOR OF ALIEN WORKER

1. **As sponsor of the H-1B beneficiary, I accept responsibility for the accuracy of all information contained in this form.**

2. **The sponsoring department will provide the H-1B beneficiary with a KUMC email address.**

3. **I will ensure the H-1B beneficiary reports to the Office of International Programs prior to commencing official activity at KUMC, bearing the following documents for him/herself and all authorized dependents:**

   • original passport with I-94 for current H status
   • address of local residence (not KUMC)
   • phone / email or other contact information

4. **I understand that the Office of International Programs (OIP) cannot confirm lawful employment eligibility with the Employment Office or Payroll until the alien has reported to the OIP and has submitted complete documentation as listed above.** Failure to report may render the alien out of status. An individual who is out of status is required to depart the U.S. immediately, with no grace period.

5. **I will notify the OIP as soon as possible in the event of any of the following:**

   • Cancellation of plans for the H-1B beneficiary to come to KUMC. The original Form I-797 will be returned to OIP

   • Failure to arrive at KUMC by the start date noted on the I-797

   • Promotion or substantial change in job duties. (Note: Such may precipitate the need to file a new or amended H-1B petition. I will check with the Office of International Programs **before** implementing any changes.)

   • Intent to transfer to another KUMC department or host institution (Note: The new department must submit a *Request for H-1B Petition* **prior** to transfer. A new/amended H-1B petition will be submitted by OIP if required according to immigration regulations.)

   • Termination of employment at KUMC for any reason, by submitting the form *Termination of an H-1B Employee* as soon as the separation is known

6. **USCIS regulations hold the employer of an H-1B alien worker "liable for the reasonable reimbursement of 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 in first section)

Signature _____ Date _____

Department Head (not the direct supervisor)

Signature _____ Date _____

Name _____ Title _____