



UNIVERSITY of NEW HAMPSHIRE

Office of International Students and Scholars

UNH DEPARTMENT REQUEST FOR FILING OF A PETITION TO EXTEND THE WORK AUTHORIZATION OF AN INTERNATIONAL EMPLOYEE IN H1-B VISA CLASSIFICATION

This form is to be completed by the UNH hiring department and returned to the International Scholar and Student Advisor (phone: 862-0086; fax: 862-0844; oiss@unh.edu; www.unh.edu/oiss; OISS, Thompson Hall G15, 105 Main Street, Durham, NH 03824). All information must be received at least 90 days prior to the expiration date of the H1-B status in order for the foreign national to be continuously employed. Be sure to attach all requested documentation to this application.

UNH Department and Address \_\_\_\_\_

Name of Person to Whom Employee Reports \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name of Employee \_\_\_\_\_ Family (Caps) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Current Department and Campus Address \_\_\_\_\_

Campus Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Job Title \_\_\_\_\_ Current Salary \_\_\_\_\_ Per \_\_\_\_\_

Has this salary changed since the initial H-1B visa classification was obtained? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has Human Resources reviewed and approved this new salary? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please contact Human Resources to complete this action prior to finalizing this data sheet.

This extension request is for (check one): one year \_\_\_\_\_ two years \_\_\_\_\_ three years \_\_\_\_\_

New employment dates will be: From \_\_\_\_\_ To \_\_\_\_\_ (Mo/Day/Year) (Mo/Day/Year)

Location where services will be performed (provide complete address): \_\_\_\_\_

Have there been any changes in the circumstances of employment since the employee's H-1B status was originally obtained? (i.e., job description, responsibilities, duties, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach an explanation and submit an updated position title and description.

**Please check all that apply. This is a:**

- faculty appointment covered by AAUP bargaining
- faculty appointment not covered by AAUP bargaining
- PAT position
- permanently budgeted position
- grant funded position. Indicate funding source \_\_\_\_\_
- benefits eligible position
- non status position
- full-time position
- part-time position. Number of Hours per week \_\_\_\_\_

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Name and Title of Individual Completing This Form \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Current H-1B regulations require that an employer assume responsibility for the reasonable costs of return transportation of the foreign national employee to his/her last place of residence if the foreign national is dismissed from employment prior to the end of the authorized period of employment. The University requires that the following statement be signed by the Department Chair, Dean, or other designated official who is authorized to commit funds in the event that this becomes necessary. Please read and sign the statement below.**

*I certify that in the event that the University of New Hampshire terminates its employment relationship with \_\_\_\_\_ (name of employee) prior to \_\_\_\_\_ (end date of employment being requested) funds will be made available for the cost of his/her return transportation to the last place of residence outside the U.S. as required by law. It is my understanding that this responsibility will not apply in the following scenarios. 1) if the foreign national is dismissed for good cause; 2) if the foreign national violates the terms of his/her visa status; 3) if the foreign national voluntarily terminates his contract; or, if the foreign national becomes the beneficiary of another employer.*

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_