



UNIVERSITY of NEW HAMPSHIRE

Office of International Students & Scholars

UNH DEPARTMENT DATA COLLECTION FORM FOR SUBMISSION OF AN H-1B PETITION ON BEHALF OF A FOREIGN NATIONAL EMPLOYEE

*This form must be completed by the UNH hiring department and returned to the International Scholar and Student Advisor (phone: 862-0086; fax: 862-0844; [oiiss@unh.edu](mailto:oiiss@unh.edu); [www.unh.edu/oiiss](http://www.unh.edu/oiiss); OISS, Thompson Hall G15, 105 Main Street, Durham, NH 03824). The information supplied on this form will enable this office to begin the process of filing an H-1B visa petition. Be sure to attach all requested documentation to this application.*

UNH Department \_\_\_\_\_

Name and Title of UNH Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Name of Foreign National \_\_\_\_\_  
Family (Caps) First Middle

Place of Birth \_\_\_\_\_  
(City/Country)

Sex M \_\_\_\_\_ F \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Country of Legal Permanent Residency: \_\_\_\_\_

Current Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_ Fax Number \_\_\_\_\_

Title of Position Being Offered: (UNH Classification Title) \_\_\_\_\_

**Attach copy of job description submitted to UNH Human Resources.**

Salary Offered \_\_\_\_\_ Per \_\_\_\_\_

Dates of Initial Employment: From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

If in the U.S., Current Immigration Status: F-1 Student \_\_\_ J-1 Student \_\_\_ J-1 Professor/Researcher \_\_\_

H-1B Temporary Worker \_\_\_ B-1/B-2 Visitor \_\_\_ Other (Please Describe) \_\_\_\_\_

Please provide a non-technical description of the services to be performed:

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Location where these services will be performed (address):

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What are the **minimum acceptable qualifications** required to perform the position duties satisfactorily? (Minimum degree requirements, field(s) of study, number of years of experience, etc):

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Please describe how the foreign national meets these requirements (academic background, degrees, experience, etc.):

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

- faculty appointment covered by AAUP collective bargaining  
 faculty appointment not covered by AAUP collective bargaining  
 PAT position  
 permanently-budgeted position  
 grant funded position. Indicate funding source \_\_\_\_\_  
 benefits-eligible position  
 non-status position  
 full-time position (40 hours per week)  
 part-time position. Number of hours per week \_\_\_\_\_

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**This data sheet was prepared by:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Current H-1B regulations require that the employer assume responsibility for the reasonable costs of return transportation of the foreign national abroad if the foreign national is dismissed from employment prior to the end of the authorized stay. The University of New Hampshire requires that the following Statement of Responsibility 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 foreign national) prior to \_\_\_\_\_ (end date of employment being requested) funds will be made available for the cost of his/her return transportation abroad, as required by the Immigration Act of 1990. It is my understanding that this responsibility does not apply in the following scenarios: 1) if the foreign national is dismissed from service for good cause; 2) if the foreign national violates the terms of his/her visa status; and/or 3) if the foreign national becomes the beneficiary of another employer's H-1B visa petition.*

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

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