

Type of petition:	New	Extension	Amendment	Transfer
Start date requested:	_____		End date requested:	_____
Applicant's name (Last, First, Middle):	_____			
Department/Division:	_____			
Name and title of supervisor:	_____			
Name of department contact:	_____			
E-mail and phone number of department contact:	_____			
<p><b>The Office of International Services will mail the H-1B petition to the USCIS processing center, and to the H-1B applicant (if necessary) via eShip Global. Please provide the following information to bill your department for the cost of mailing:</b></p>				
Username:	_____	Project ID (PID):	_____	Dept. ID: _____

### Part 1. Information about Position

Position title:	_____			HR Job Code:	_____
Does this position supervise the work of other employees:	Yes	No			
If yes, number of employees applicant will supervise:	_____	Level of employees supervised:	Subordinate	Peer	
Job duties – Provide a description of duties to be performed with as much specificity as possible (attach a separate sheet of paper if necessary)					
Will travel be required in order to perform duties?	Yes	No	If yes, please explain _____		
Hours employee will work per week:	_____	Hourly work schedule:	A.M. _____	P.M. _____	
Salary: \$	_____	per year	per month	per hour	
Minimum U.S. diploma/degree required:	Bachelor's	Master's	Doctorate	Other: _____	
Indicate the major(s) and/or field(s) of study required _____					
Is a second U.S. diploma/degree required?	Yes	No	If yes, please specify _____		
Is training for the job opportunity required?	Yes	No	If yes, number of months required _____		
Indicate the field(s)/name(s) of training required _____					

Is employment experience required?            Yes            No            *If yes, number of months required* \_\_\_\_\_

Indicate the occupation in which experience is required \_\_\_\_\_

Special requirements – List specific skills, licenses/certificates/certifications, and requirements for the position if any:

Place of Employment Information – List all worksites include street address, city, county, state, and postal code.

1)

2)

3)

## Part 2. Declaration of Hiring Department

The hiring department will comply with the following rules during the petition process and during the employment of the above-named applicant:

1. The department has allocated funds for the payment of the applicant's salary for the duration of his/her employment under the terms of the petition and described in this questionnaire.
2. The applicant will be paid via the UT Health Science Center at San Antonio payroll at least the actual wage level paid to all other individuals in the department with similar experience and qualifications for the same position, or the prevailing wage level as determined by the U.S. Department of Labor for the occupation in the area of employment, whichever is higher.
3. The applicant will be paid according to such terms both while actively working, and during times of non-productive status (e.g. times when they lack a permit or license) for any reason except the truly voluntary decision of the employee, or circumstances that render the employee unable to work (e.g. maternity leave, incapacitating accident, or illness), unless payment is otherwise required under the employer's benefit plan or other statuses.
4. If the position is part-time (less than 40 hours per week), the department agrees to record the number of hours worked by each day and each week.
5. The department will pay reasonable cost of return transportation for the applicant if he/she is dismissed from employment before the end of the period of employment indicated on the H-1B visa application.
6. **The department must to notify the Office of International Services prior to changing the terms and conditions of employment during the applicant's appointment period, e.g. specific work location, title, significant job duties, salary, etc., as an H-1B amendment petition may be required prior to these changes taking place.**

Name of person who prepared questionnaire: \_\_\_\_\_

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

Name of employee's direct supervisor: \_\_\_\_\_

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

Name of department chair: \_\_\_\_\_

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