

(TO BE COMPLETED BY HIRING/SPONSORING DEPARTMENT)

The Department of _____ requests to retain outside counsel to prepare and file an immigration petition as indicated below on behalf of the named faculty member.

Name of Faculty Member:
Current Nonimmigrant (Visa) Status:
Status Expiration Date:
Current Employment Title if at HSC:
Current Salary:
Proposed Immigration Service (e.g. Outstanding Professor Petition, J-1 Conrad 30 Waiver, O-1 Visa, etc.):
Proposed Employment Title for Immigration Petition Requested:
Name of Outside Counsel to Be Retained:

All immigrant (employment-based) and non-immigrant petitions, labor certification applications, labor condition applications, and J-1 waiver applications sponsored by the University of Texas Health Science Center at San Antonio must be processed through the Office of International Services (OIS). Only attorneys specifically contracted by the university through the University of Texas System's Office of General Counsel and the Texas Attorney General's Office are authorized to represent the Health Science Center in immigration matters upon following the administrative process facilitated by Office of International Services. OIS can provide a list of authorized outside counsel.

Based on consultation with OIS and in accordance with all policies of the University of Texas system and the University of Texas Health Science Center at San Antonio in regards to retaining outside legal counsel, the undersigned parties agree to support the application of the above-named employee for U.S. permanent residency, O-1 visa sponsorship, J-1 waiver, etc. as indicated above by meeting the following commitments:

1. Have already appointed (or will appoint at the time the employee is granted the appropriate visa) the above-named employee to a full-time permanent position of indefinite duration (i.e., "at will" employment or a standard Memorandum of Appointment for the academic year);
2. Understand that all commitments requiring U.S. permanent residency and/or waiver/visa sponsorship need be contingent upon the award of the requested benefit from the U.S. government which is not guaranteed;
3. Work in conjunction with outside counsel to ensure that the application meets the U.S. Citizenship and Immigration Services, U.S. Department of Labor, and U.S. Department of State regulations;
4. Pay all attorney fees and all costs (including government filing fees) associated with filing the application filed by outside counsel on behalf of the department and the employee referenced above; (If for any reason, the employee is terminated prior to filing of the application, we understand that the department is still required to pay for any attorney fees and associated costs owing at that time.)
5. Understand that the Director of OIS is the only approved signatory for all documents related to the application submitted to the U.S. government and that all applications and supporting documentation will be submitted to OIS for review prior to submission to ensure compliance with the proposed job offer (not for content, which will be the responsibility of the attorney);

6. For applications filed under the Permanent Labor Certification Process (PERM) with the U.S. Department of Labor:
 - a. Work in conjunction with outside counsel to ensure that the conducted recruitment meets the U.S. Department of Labor regulatory guidelines;
 - b. Post a job notice for 10 consecutive business days in the department as required by the U.S. Department of Labor. (Outside counsel will provide this notice);
 - c. Ensure that the job offer formerly extended to the sponsored faculty member has occurred within 18 months of the anticipated filing date of the PERM application;
 - d. Provide to outside counsel a recruitment report detailing the specific job related reasons why each U.S. applicant failed to meet the minimum job requirements (or for teaching faculty, why each U.S. applicant was less qualified than the beneficiary). The content will also be in accordance with the hiring policies of the University of Texas Health Science Center at San Antonio;

7. Provide a copy of this signed request to the employee being sponsored for the stated immigration benefit.

Department Administrator/Contact Person:

Contact Email Address:

Contact Phone Number:

Signature of Department Administrator/Contact Person:

Date:

Department Chair:

Signature of Department Chair:

Date:

Dean's Office Representative:

Signature of Dean's Office Representative:

Date:

Date Received by OIS:

Date Approved by OIS:

Signature: