



H-1B Questionnaire for UC Merced Schools and Units

Complete this form on behalf of the Foreign National (FN) for whom H-1B status is being requested. Include all of the required forms with your request.

Name of the Foreign National:

Appointment Start Date:

COA to use for Attorney Fees:

Name of UCM School/Unit:

Payroll Title and Level:

Title Code:

Is this a Permanent Position?

Is this a Full Time Position?

Is this a Contract Position?

If a Contract Position, End Date of Contract:

Hours Per Week the FN Will be Employed:

Salary Per Year if Position is Full Time:

Salary Per Week if Position is Part Time:

In non-technical language, list the FN's specific job duties (If teaching staff, please provide as much detail on subjects they will teach, research areas, specializations, etc.)

Address Where FN Will Work. Indicate All Possible Physical Locations.
(H-1B Visas are Employer and Site Activity Specific)

Is There a Bargaining Representative for This Job Classification (Union)?

If Yes, Please Provide Name and Contact Information for This Bargaining Unit:

Is there currently a Strike or Lockout for People in This Job Classification?

Will Travel be Required in Order to Perform the Job Duties?

If Yes, Please Explain the Travel Requirements:

Are There Any Other Working Conditions That Affect the rate of Pay?

If Yes, Please Specify the Working Conditions:

Number of Employees FN Will Supervise (e.g. Timesheets Approved)?

SUPPORTING DOCUMENTS

Please provide the following documents along with this H-1B visa request:

- Copy of candidate's signed offer letter
- Copy of job posting from the UC Merced site
- Letter to OIA Director requesting to pay outside counsel
- H-1B Questionnaire for Foreign National along with supporting documents
- Completed I-129 Export Control Compliance Certification
- Actual Wage Determination Attestation or Salary Justification Memo
- Prevailing Working Conditions Attestation
- OIA Recharge Fees form

USCIS GOVERNMENT FILING FEE CHECKS

The following filing fees must be sent along with the I-129 H-1B petition when it is filed with USCIS. Separate checks for each fee must be made out to the U.S. Department of Homeland Security and delivered to OIA. A complete list of fees can be found online at www.uscis.gov/forms.

Check the filing fee checks that have been requested by your School/Department for this petition.

- \$460.00 for the I-129 Petition for Nonimmigrant Worker
- \$500.00 for the Fraud Prevention & Detection Fee
(Only required for an initial petition, not an extension for a current UCM employee)
- \$2,500.00 Optional filing fee for I-907 Premium Processing
(Provides a 15 day expedited adjudication decision by USCIS)

FORM SUBMISSION AND APPROVAL

Submitting this form is confirmation that all of the information in this form and supporting documents is true and correct. Acknowledgement of the following is required:

1. The School/Department will pay the reasonable cost of the foreign national's transportation to return to his home country if she/he is terminated or dismissed from employment before the end of the period of authorized employment.
2. The School/Department will inform OIA if the foreign national ends his/her employment before the period of authorized employment.
3. The School/Department will pay all fees associated with the H-1B sponsorship including all government petition/application filing fees, premium processing fees and attorney fees as mandated by federal regulations.
4. The School/Department will pay the H-1B visa holder the wage specified on the offer letter or higher and inform OIA if the salary amount changes.
5. The foreign national will only engage in work specified in his/her job offer. Changes to position title, job duties, work location will require an amendment to the H-1B petition PRIOR to the changes taking effect.
6. The School/Department understands that if the H-1B employee needs to travel outside of the U.S.

Foreign National's Supervisor Name:

Supervisor's Phone Number:

Supervisor's Signature:

Date:

Dean/Department Head Name:

Dean/Department Head Signature:

Date:

School/Department Contact Person:
(Person who completed this form)

Phone Number:

Date: