

CASE WESTERN RESERVE UNIVERSITY

INTERNAL USE ONLY

RECOMMENDATION FOR APPOINTMENT OF TEMPORARY WORKER, O-1 EXTRAORDINARY ABILITY

EXTRAORDINARY ABILITY: Demonstrated by sustained national or international acclaim for foreign nationals coming temporarily to the United States to continue work in their area of extraordinary ability.

General Information

1. Change of Status within the US from J-1 (2 year rule) to O-1 is prohibited. Beneficiary is required to depart U.S. and apply for O-1 at U.S. Consulate abroad.
2. Petition must include peer group/individual consultation from practitioners in the beneficiary's field.
3. Initial petition period not to exceed three (3) years with assured funding. (First time as an O-1 for any employer)
4. Position must require services of a person of extraordinary ability (salary commensurate).

INSTRUCTIONS: This form, the Information Needed from Foreign Visitor form, and supporting documentation are required four (4) months in advance of new appointments. This form should be prepared and routed through Chairman, Budget Director, and Dean's office for appropriate signatures. Completed form to be submitted to the *Office of Immigration & Human Resource Services, Crawford Hall, Room 220, x6964.*

PLEASE SEE BACK OF SHEET TO IDENTIFY DOCUMENTS WHICH MUST BE SUPPLIED BY APPOINTEE; AND ADDENDUM OF EXPORT COMPLIANCE REQUIREMENT

NEW PETITION: If this is a New Petition, not a transfer or extension, we can request an initial period of up to three (3) years, providing you have funding available, and if the Petition is approved, the Appointee will receive a corresponding authorized period of stay. Initiator should:

1. Arrange for the preparation of CWRU appointment letter originating in the Dean's office. The complete staff faculty title e.g., Research Assistant III, Engineer I, etc., inclusive dates of appointment, salary, full-time or percentage of time at work, and department must be identified in the letter; faculty appointment letters should include Board of Trustees contingency clause. Providing insufficient information will result in a voided form.
2. A check made payable to the U.S. Citizenship and Immigration Services (USCIS) \$325.00 which must accompany this form. This fee **MUST** be paid by Departmental funds.

EXTENSION OF STAY: If the appointee will remain at least three (3) months longer than previously authorized, please provide at least two (2) months in advance: **(1) Dean's letter of appointment:** faculty appointments are required to have Board of Trustee approval. The extensions cannot exceed one year; please see instructions above. **(2) The initiator** should write a statement, addressed to "**To Whom It May Concern**", listing the reasons for the requested extension. Please send the statement bearing original signature to this office. **(3) If FMG,** fully executed Certification Statement.

() NEW PETITION () EXTENSION OF STAY IS APPOINTEE A FOREIGN MEDICAL GRADUATE?
() YES () NO

I recommend that the following person be appointed - reappointed (**delete one**):

NAME OF APPOINTEE **AND** CWRU PAYROLL TITLE: PRESENT MAILING ADDRESS:

NONTECHNICAL DESCRIPTION OF SERVICE TO BE PERFORMED:

PURPOSE OF APPOINTMENT:

_____% TIME DEVOTED TO TEACHING
 Please refer to CWRU generic description obtained from _____% TIME DEVOTED TO RESEARCH
 Human Resources: Minimum degree required _____; _____% DEVOTED TO INCIDENTAL
 Field of Education required: _____ PATIENT CARE
 _____% OTHER (PLEASE SPECIFY)

PLEASE DO NOT LIST appointee's qualifications, list the **OFFERED POSITION'S** minimum requirements. Minimum experience required: _____ years performing _____

APPOINTMENT DATES (M/D/Y) _____ to (M/D/Y) _____
 SALARY: \$ _____ **PER HOUR/MTH/YR** SOURCE _____ WILL WORK _____ %

Approved: _____, Chairman, Dept. of _____
 Approved: _____, Director, _____ School Budget Office
 Approved: _____, Dean, School of _____

EVIDENCIARY DOCUMENTATION REQUIRED TO SUPPORT O-1 PETITION:

RECEIPT OF A MAJOR, INTERNATIONALLY-RECOGNIZED AWARD, SUCH AS THE NOBEL PRIZE OR AT LEAST THREE OF THE FOLLOWING FORMS OF DOCUMENTATION:

Documentation of the alien's receipt of nationally or internationally-recognized prizes or awards for excellence in the field of endeavor;

Documentation of the alien's membership in associations in the field for which classification is sought, which require outstanding achievements of their members, as judged by recognized national or international experts in their disciplines or fields;

Published material in professional or major trade publications or major media about the alien, relating to the alien's work in the field for which the classification is sought, which shall include the title, date, and author of such published material, and any necessary translation;

Evidence of the alien's original scientific, scholarly or business-related contributions of major significance in the field;

Evidence of the alien's authorship of scholarly articles in the field, in professional journals or other major media;

Evidence that the alien has been employed in a critical or essential capacity for organizations and establishments that have a distinguished reputation;

Evidence that the alien has commanded and now commands a high salary or other remuneration for services, evidenced by contracts or other reliable evidence.

RECOMMENDATION FOR APPOINTMENT OF TEMPORARY WORKER
(O-1, EXTRAORDINARY ABILITY) CONTINUED

ADDENDUM [Rev. 12/04/2013]

This is to certify that Mr./Mrs./Dr. _____
has reviewed the Export Administration Regulations (“EAR”), located at:
http://www.access.gpo.gov/bis/ear/ear_data.html and the International Traffic in Arms Regulations
 (“ITAR”), located at: http://www.pmdtc.state.gov/regulations_laws/itar_official.html and
upon review of the content in regards to the technology or technical data that may be released to the
foreign worker in this position:

_____ NO license is required _____.
Initial

_____ A LICENSE IS REQUIRED and no controlled technology or technical data requiring a
license will be released to, or accessed by, the foreign worker until and unless the undersigned has
received the required license or other authorization from the U.S. Government _____.
Initial

Principal Investigator/Program Manager’s Signature

**(If after review of the EAR and ITAR, you are unsure whether or not the technology or data that
maybe disclosed requires an export license, please contact Lisa Palazzo, Office of Export Control
and Privacy Management, at 368-5791 or lisa.palazzo@case.edu for further guidance).*