



**H-1B Petition Request Form**

To be completed by PI/Supervisor Sponsoring an Employee for H-1B Status

**Department Admins:** Please create an HR Request in our portal and upload this form OR email this form to VISA Office  
Please submit **NO LESS THAN 6-8 WEEKS** prior to proposed start date.

Employee Information		
Full Name from Passport		
Date of Birth		
Country of Birth		
Country of Citizenship		
Accompanied by dependent spouse and/or children?	Yes	No
Name(s), Date(s) of Birth and Country(ies) of Citizenship for Each Dependent		
Email Address		
Position Information		
Position Title		
Position Description	<i>Attach detailed job description</i>	
Proposed Dates of Employment	Start Date	End Date
Offered Salary	\$_____ per _____.	
Full/Part-time	Full-Time	Part-Time
		Hours per week: _____
Primary Worksite Address		
Will the employee be required to work at an additional job location in the U.S. (including work from home)?	Yes	No

If yes, Provide the second worksite address		
Degree Required		
Required degree field(s)		
Can the degree be in a related field?	Yes <i>Please list preferred fields</i>	No
Is this a postdoctoral position?	Yes	No
Is travel required for the position (beyond occasional conferences and academic meetings, etc.)?	Yes <i>If yes, provide frequency / duration / destination of travel</i>	No
Does the position supervise full-time employees?	Yes	No
Will the position require access to technology or technical data which requires an export control license under EAR or ITAR?	Yes <i>If Yes, approval of the CWRU Compliance Office is required before proceeding with the H-1B.</i>	No
OPR/Speedtype <b>(MUST PROVIDE)</b>		
Return Transportation Requirement	<p>I understand that the Department must bear the reasonable cost of transportation to the H-1B worker's last place of foreign residence if they choose to depart the United States after involuntary cessation of employment with CWRU before the end of their authorized stay in H-1B status. (8 CFR 214.2(h)(4)(iii)(E))</p> <p>Initial here: _____</p>	



PI/Supervisor's Information	
Name:	
Job Title:	
Department/School:	
Office Location:	
Email Address:	
Phone Number:	
Signature:	

Approval of Department Chair or Dean (per departmental policy)	
Name:	
Job Title:	
Email Address:	
Phone Number:	
Signature:	

Official Approval of College/Department	
<i>Your department's approver may vary. Please consult internally to determine the appropriate approval party.</i>	
Name:	
Job Title:	
Email Address:	
Phone Number:	
Signature:	

Department Contact/HRA Information	
Name:	
Job Title:	
Email Address:	
Phone Number:	

