



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 8-12 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 _____ <i>If yes, provide passport and current visa status for each family member</i>
Name(s), Date(s) of Birth and Country(ies) of Citizenship for Each Dependent	No _____
Email Address	
Position Information	
Position Title	
Position Description	<i>Attach detailed job description</i>
Department/School	
Proposed Dates of Employment	Start Date
	End Date
Offered Salary	\$_____ per _____. <i>Attach appointment letter</i>
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>If yes, 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 (REQUIRED)		
Return Transportation Requirement (INITIAL REQUIRED)	<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 (REQUIRED)	
Name:	
Job Title:	
Department/School:	
Office Location:	
Email Address:	
Phone Number:	
Signature:	

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

