

H-1B REQUEST FORM – PART A (To Be Completed by WMU Hiring Department)

A. GENERAL AND POSITION INFORMATION

Hiring Department: _____ College/Division: _____

Fund & Cost Center Number: _____
(Required for all shipping charges and \$1000 WMU Visa Service Fee)

Name of foreign national: _____
Last name First name Middle name

Position Title: _____ WIN (if applicable): _____

Please check: New H-1B Extension without any changes New Concurrent employment
 Extension of Concurrent Employment Change of employer (non-WMU to WMU)
 Amendment (including transfer w/i WMU) – explain: _____
 Other: _____

Will the employee mentioned above work only for Western Michigan University?
 Yes No (attach the other H-1B receipts or approval notices)
Explanation: _____

The position is (check all that apply): Temp Permanent Tenure Track Non-Tenure Track

Union Representation (if applicable): AAUP Other: _____

The position is:

Full time: Salary offered \$ _____ (specify if 9-month) # of hours per week _____

Part time: Hourly rate offered \$ _____ AND Annual salary offered \$ _____
of hours per week _____

(If there will be any period, such as WMU Holiday Closure, when he/she will not get paid, put a range of hours starting with "zero," such as "0 to 30 hours per week")

*** In the case of part-time H-1B petitions, the hiring department, not the H-1B employee, MUST document in writing the number of hours per day & per week the H-1B employee worked for the entire duration of the part-time H-1B validity period.**

Does compensation package include fringe benefits? Yes, value of benefits \$ _____ No

Duration of employment (as appears on the letter of offer): from _____ to _____

Address where the foreign national will work: _____
Street City State Zip

Note: H-1B is limited to a specific location. Will the employee work at any additional locations?
 No Yes: Location: _____ # of days at additional location _____
Location: _____ # of days at additional location _____

**INTERNATIONAL STUDENT AND SCHOLAR SERVICES (I3S)
WESTERN MICHIGAN UNIVERSITY ♦ 3110 FAUNCE STUDENT SERVICES
KALAMAZOO, MICHIGAN 49008-5246 ♦ (269) 387-5865 ♦ FAX (269) 387-5899**

(continued)

B. ATTESTATIONS BY HIRING DEPARTMENT/COLLEGE/UNIVERSITY

- I declare under penalty of perjury that the information provided is true and accurate. I understand that to knowingly furnish false information in the preparation of these forms and any supplement thereto, or to aid abet or counsel another to do so is a federal offense.
- By submitting this request to begin the H-1B petition process, I understand that the H-1B employee should be paid the higher of the prevailing wage (as determined by DOL – the weighted average rate of wages paid to workers similarly employed in the area of intended employment) **OR** the actual wage (being paid to all other WMU individuals with similar experience, qualifications, or responsibilities for the employment in question), whichever is higher.
- By submitting this request, I agree to the terms and conditions of the labor condition application (submitted to DOL by the immigration officer in International Student and Scholar Services (I3S) based on the application submitted by the hiring department) for the duration of the H-1B employee’s authorized period of stay for the H-1B employment.
- By submitting this request, I certify that the employer will be liable for the reasonable costs of return transportation of the H-1B employee abroad if he/she is dismissed from employment by the employer for any reason before the end of the H-1B period.
- I agree that the department will consult with the immigration officer prior to any H-1B terminations or resignations as there are federal regulations governing such incidents.
- I understand that H-1B status may be granted in up to three-year increments, not to exceed six years total.
- I certify that there has been no strike, lockout, or work stoppage in the occupational classification (for which this H-1B application is being filed) at the place of employment. If a strike, lockout, or work stoppage were to occur, we will notify the immigration officer within one business day.
- I certify that WMU will provide working conditions for the H-1B employee which will not adversely affect the working conditions of workers similarly employed.
- I understand that H-1B status approves a specific position, a specific prevailing wage, with a specific employer, at a specific site location. I will notify the Director of International Student and Scholar Services (I3S) of any changes and await approval before assigning an H-1B employee to any new worksite, regional site location, or position.
- The statements made in this section of this request form are true and correct. The department will immediately inform the Director of International Student and Scholar Services (I3S) at (269) 387-5865 if there are any changes to the information given above.

Department Chair’s name: _____ Signature: _____ Date: _____

College Dean’s name: _____ Signature: _____ Date: _____

Provost/Vice President’s name: _____ Signature: _____ Date: _____

C. ADMINISTRATIVE CONTACT INFORMATION

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

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