



**EMPLOYEE DATA (to be completed by the prospective EMPLOYEE)**

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Phone number: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ A#: \_\_\_\_\_

Foreign Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Academic degrees that have been obtained  bachelors  masters  doctorate

Country where highest degree was obtained: \_\_\_\_\_ Field of study: \_\_\_\_\_

Has your department or anyone ever filed an immigrant visa for you?  Yes  No

Valid passport?  yes  no

If this is for a new H-1 employment at UGA has this person ever been in H1B status?  Yes  No

Has this person ever been denied an H-1B visa?  Yes  No

**PURPOSE OF REQUEST**

Specify basis for classification and requested action below:

Outside the US and needs to obtain visa at US consulate. City and Consulate where visa will be obtained:

\_\_\_\_\_

In the US in another lawful status and needs to change status

Currently in H-1B status at UGA and needs to extend or amend stay. Receipt #: \_\_\_\_\_

Currently in H-1B status at another institution and needs to amend stay. Receipt #: \_\_\_\_\_

**CURRENT STATUS (complete if in the US)**

Current Non-Immigrant Status: \_\_\_\_\_ Expires: \_\_\_\_\_

1. If currently on Optional Practical Training, when does the EAD card expire? \_\_\_\_\_

2. If currently on Academic Training, when does the permission to work expire? \_\_\_\_\_

3. Are you currently or have you ever been in J status?  Yes  No

-- If yes, are you subject to the 2-year home residency requirement (212e)?  Yes  No

-- Have you obtained a waiver of the 212e?  Yes  No

-- Have you fulfilled the 2-year requirement?  Yes  No If yes, When? \_\_\_\_\_

Date of most recent entry into the US: \_\_\_\_\_ I-94#: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_ UGA Email Address: \_\_\_\_\_

**EMPLOYEE'S PREVIOUS H-1B EMPLOYMENT HISTORY**

Person's prior periods of stay in H status in the U.S. including duties and job titles:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEPENDENT INFORMATION**

Does H application have any dependents? (Spouse or Children)      Yes    No

Are applications for dependents being filed with this application?      Yes    No

If yes, please complete the information below:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Status: \_\_\_\_\_

Gender:    Male    Female    Relationship: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Will this dependent change to H4?:    Yes    No

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Status: \_\_\_\_\_

Gender:    Male    Female    Relationship: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Will this dependent change to H4?:    Yes    No

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Status: \_\_\_\_\_

Gender:    Male    Female    Relationship: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Will this dependent change to H4?:    Yes    No

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_