TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER OFFICE OF VISA & IMMIGRATION SERVICES ADMINISTRATION REQUEST TO SPONSOR UNDER H-1B TEMPORARY WORKER STATUS 2015 DEPARTMENTAL H-1B VISA QUESTIONNAIRE

H-1B Visa Application for (NAME OF SCHOLAR)

A. <u>INFORMATION CONCERNING THE SPONSORING DEPARTMENT</u>

- 1. Name and official title of the person who will be the sponsor of the H-1B visa application on behalf of the department:
- 2. Department's address and main telephone number:
- 3. Department's fax number:
- 4. Departmental contact if different than above, (name, phone, email):
- 5. Departmental account number to be used for billing purposes:
- 6. Has your department laid off a U.S. worker in the past 90 days or do you plan to layoff any workers in the next 90 days?

B. <u>INFORMATION ABOUT THE POSITION</u>

- 1. Job title:
- 2. Rate of pay:
- 3. Please explain how your department determined this particular worker's wage. To help facilitate this explanation, please provide us with a copy of your pay system or salary survey (*please be sure to point out the salary to which you are referring in the survey*). In the alternative, please use the attached worksheet.

4.	Foreign national's physical work address (please list all locations, along with the percentage of time the foreign national will be working at each site.) Per the new USCIS form, please also include an itinerary reflecting the dates and addresses of the beneficiary's off-site employment.
5.	Dates of intended employment:
6.	Will this be full time or part time employment? If part time, please list number of hours per week to be worked, and work schedule.
7.	If faculty: Tenured Tenure Track Non-Tenure Track
C.	DOCUMENTS REQUESTED
1.	Job description, including duties.
2.	Job offer letter, contract renewal, or copy of PDQ/Faculty Position Description Form
3.	Itinerary (detailed above) for off-site employment
knowle actual emplo read ar author USCIS	Fy that all information contained in this questionnaire is true to the best of my edge. I can provide additional details pertaining to statements made regarding the wage for the occupation discussed if needed. I am aware of the conditions of yment (including provisions of return travel) for H-1B temporary workers and have not signed the Attestations Governing The Hiring of an H-1B Temporary Worker. I ize the International Employment Services department to seek approval from the S for an H-1B temporary visa on behalf of the above named individual. HORIZATION OF DEPARTMENT HEAD (CHAIR, DIRECTOR, ETC.)
Name	(Please print) Date
Signat	ture
Please	email or fax the completed form, job description, etc. to:

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