LSUHSC-9 H-1B NONIMMIGRANT WORKER PRIOR APPROVAL FOR HIRE (OR EXTENSION)

 New Hire or Change of Status to H1B □ Extension for current LSU HSC H1B employee □ Change of Employer for current H1B beneficiary 				
FACULTY SPONSOR:	DEPARTMENT	?:		
Dept. Address:		ontact:		
Dept. Contact Phone:	Dept. Contact En	mail:		
POSITION TITLE:				
*Attach Position Description, approved Training Plan and/or A	dvertisement.			
FEDEX ACCOUNT# (required)				
PROPOSED DATES OF EMPLOYMENT*: FROM:_		To:		
*See form instructions for information on how to choose dates				
PATIENT CARE/CONTACT REQUIRED: Yes LICENSE REQUIRED: Yes No	s No			
WILL ANY WORK BE PERFORMED OFF SITE?*	YES NO)		
For purposes of an H1B petition, "off site" is considered to in which are not offices/facilities/locations of the petitioner (LS Off site does not include locations where occasional lectures,	SUHSC). , educational confere	ences or meetings may tak	ce place.	
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LAST : FIRST:		M:		
DOES THE ALIEN SPEAK FLUENT ENGLISH:	Yes No			
HOW HAS ENGLISH FLUENCY BEEN VERIFIED?	Interview	Phone Call	Other:	
Department agrees to pay for the following fees associate	ed with this H-1B	filing:		
\$460 I-129 petition \$500 fraud prevention (n/a to	extension of current L	SUHSC employee)	\$2,805 premium processing	
USCIS will now only accept electronic funds. ISO will initial	lly pay via P card, ar	nd reallocate expenses to t	the dept account(s) indicated \$	
Dept. Account # (to allocate total expense) Distribute b		1st Dept. Account #	Amount	
two accoun		2nd Dept. Account #	\$Amount	
Departmental Approvals:		Date:		
Funds Approved/Business Manager:			_	
Section Head (if applicable)			_	
Department Head:			_	
International Services:			_	
Dean:			_	