

H-1B EXCEPTION REQUEST CHECK SHEET

H-1B Request For: Last Name: First Name:

Effective Date: Title: Step: Salary:

Department: Contact: Faculty Sponsor:

Please initial each line and sign at the bottom of this form

_____ This request is **not** being made to avoid a two year home residency requirement. All parties are aware that waivers are available for J-1 holders who are subject.

_____ *(For current employees changing from F-1 OPT visa)* The appointee has consulted with the Berkeley International Office and has been counseled regarding this change in visa status.

_____ The appointee's participation is vital to the success of the research project.

_____ Equity with other employees, both international and domestic, will be maintained, specifically if the prevailing wage for H-1B status is set higher than salaries paid to employees (with similar backgrounds and experience). I confirm that I have sufficient funding secured to compensate eligible appointees equally, should the prevailing wage exceed the equitable salary offer to the proposed international appointee.

_____ If the appointment involuntarily ends before the established ending date of the H-1B visa, the faculty sponsor will be required to pay the appointee's (and dependents) airfare home. I have discretionary funds sufficient to cover such expenses.

_____ I confirm that I have sufficient funding to pay all H-1B processing fees. *View up-to-date processing fees at https://internationaloffice.berkeley.edu/ucb_departments/h-1b/fees.*

_____ I understand that ample lead time is required to process appointment requests, extensions, and visa documents: approximately 5 months. Offers of employment (new or continued) as well as confirmation of a specific visa status, will not be made until final appointment is granted.

Why is a H-1B being requested for this employee? Provide justification, including why another visa type (such as J-1) is not possible (2-3 sentences).

This H-1B Request is in compliance with all the conditions listed above.

Faculty Sponsor Signature:

Date:

Associate Dean Approval:

Date: