• Jackson State University •

• H-1 B -Form 1: Request For Information From the Department •

Division of International Studies • Jackson State University • Office Complex Unit 1, Box 17103 • Jackson, MS 39217 • USA
Phone: (601) 979-3796 • Fax: (601) 979-3388

E-mail: patricia.a.jernigan@jsums.edu

Please submit the following information. Be sure to type or print clearly.

It is very important that you read the following carefully and not sign anything unless you are in total agreement.

REQUIRED WAGE DETERMINATION WORKSHEET AND COMPLIANCE AGREEMENT REGARDING H-1B TEMPORARY WORKERS

PART 1: POSITION DESCRIPTION – TO BE COMPLETED BY DEPARTMENT CHAIR
PLEASE ENTER INFORMATION ABOUT POSITION REQUIREMENTS, <u>NOT</u> PROSPECTIVE EMPLOYEE'S QUALIFICATIONS
Hiring Department/ Unit:
School/ Division:
Position Title :
Position's minimum degree requirement: Field(s) of study:
Position's minimum required training and experience (other than that which would or could have been obtained during the normal course of the degree program listed above) Please quantify required training and experience in number of years:
Description of basic job duties:
Proposed Salary:
Hours/ Range of hours per week:
There are no additions or deductions from each pay period, nor overtime (Check if true)
Benefits: (Check all that apply) □ Position includes NO additional compensation or benefits
☐ Position includes standard Jackson State University employee benefits
□ Position includes additional compensation (specify)
with an estimated dollar value of (per year):
☐ Has this Department received TARP Funding? Yes No
Number of employees applicant will supervise (other than students):
Dates of intended employment (Total H-1B limit is 6 years – 3 years allowed per petition): From To
Work location address:
Occupational title of person who will be employee's immediate supervisor:

• Jackson State University •

• H-1 B –Form 1: Request For Information From the Department •

PART 2: ACTUAL WAGE DETERMINATION – TO BE COMPLETED BY DEPARTMENT CHAIR				
Prospective H-1B employee name: : : : : : : : : : : :				
Troopeen e Trab employ	Famil	ly Name (Last)	Given Name (First)	Middle Name (if any)
U.S. Social Security # (if	any):			
job title and basic job duti Security Number and actu describing factors such a	les for which eduction all wages of ALL as experience, un	ational requirements workers similarly en ique skills or abiliti	of wages paid to all workers similarly are the same. Please list below the Enployed in your department. Explaines, quality of the program from whee resulting in a higher salary being	Employee's J-Number or Social ANY salary differences by ich an employee graduated,
Salary data as of (Month/	Day/Year):			
J Number or Social Security Number	Current Salary	Basis (9 mo/ yr)	When salary differs from prospe	ective employee's, please explain why
1.	\$			
2.	\$			
3.	\$			
4.	\$			
5.	\$			
☐ Presently, the departme	nt has no one filli	ng a position compar	rable to the proposed H-1B.	
			the position may have to be compared school or division, the dean's office of	
PART 3: PROSPECTIVE EMPLOYEE CONTACT INFORMATION				
Current Mailing Address :				
_				
E-mail address:				
Phone Number (with country	and city code):			
Fax Number (with country a	and city code):			

Jackson State University

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PART 4: LEGALLY BINDING EMPLOYER ATTESTATIONS

From US Immigration Service [8 CFR 214.2 (h)] & US Department of Labor [20 CFR Parts 655 and 656]

By signing below, I attest that the above information is true and that the Jackson State University will comply with the following statements as required by the Immigration Act of 1990 and conforming regulations issued by the US Department of Homeland Security and Department of Labor.

- 1) That the H-1B worker will be paid the actual or prevailing wage, **whichever is higher** (Actual wage is weighted average of salaries listed above; prevailing wage is set by Department of Labor);
- 2) That the H-1B worker will also be paid for non-productive time unless contract is for a specified time period common to the industry such as 9 month academic appointments;
- 3) That the H-1B worker will be offered benefits on the same basis as similarly employed US workers;
- 4) That the employment of H-1B workers will not adversely affect the working conditions of workers similarly employed in the area of intended employment;
- 5) That on the date this form is signed and submitted, there is no strike, lockout or work stoppage in the course of a labor dispute in the occupation in which the H-1B worker will be employed at the place of employment;
- 6) That notice of the H-1B application will be provided to workers employed in the occupation in which the H-1B will be employed as signified by posting the Labor Condition Application in two conspicuous places (The Division of International Studies will provide department with the Labor Certification Application along with posting and removal instructions);
- 7) That the reasonable cost of return transportation to the H-1B's home country will be covered by the employer in the event employment is terminated prior to the ending date on the H-1B petition submitted to US Citizenship and Immigration Services. (See dates entered in part 1)

Required Signatures:

Department Chair:

Date:

1	
Dean:	Date:

LEGAL NOTES AND COMPLIANCE

Any misrepresentation of facts or employer's failure to comply may result in the following (affecting the entire Jackson State University not just the department):

- Assessment of back pay for the foreign national and/or other employees in the occupational classification
- Maximum of \$1000 fine for each violation
- Imposition of other appropriate administrative remedies
- A suspension of the employer's labor condition applications and a prohibition of filing and approval of labor condition applications or applications for permanent alien employment certification for one year
- · A prohibition of the filing of immigrant or nonimmigrant visa petitions with US Immigration and Citizenship Services for at least one year
- Federal criminal penalties for knowing and willful submission of false statements to the Federal Government of \$10,000 and/or imprisonment of up to 5 years

After completion of parts 1, 2, 3, and 4, return Form 1 and the department support letter to:

Division of International Studies

Office Complex Unit 1, P.O. Box 17103

Jackson, MS 39217

SAMPLE LETTER FROM DEPARTMENT/ PETITIONER (JACKSON STATE UNIVERSITY LETTERHEAD)

(DATE)

U.S. Citizenship and Immigration Services California Service Center ATTN: CAP EXEMPT H-1B Processing Unit P.O. Box 10129 Laguna Niguel, CA 92607 -1012

Laguna Niguel, CA 92607 -1012	
Re: I-129 (H-1B) Petition on behalf of	
Dear Sir or Madam:	
We are writing this letter in support of our peti 1B nonim migrant, so that we may employ To this end we des	tion to classify as an H him in the specialty oc cupation of scribe below the nature of our business
operations, the proposed employment, and	professional qualifications.

THE PETITIONER

Jackson State University has a distinguished history, rich in the tradition of educating young men and women for leadership, having undergone seven name changes as it grew and developed. Founded as Natchez Seminary in 1877 by the American Baptist Home mission Society, the school was established as Natchez, Mi ssissippi "for the mo ral, religious and intellectual improvement of Christian leaders of the colored people of Missi ssippi and the neighboring st ates." In November 1882, the school was moved to Jackson; in Marc h 1899, the c urriculum was expanded and the name was changed to Jackson College.

The state assumed support of the college in 1940. Subsequently, between 1953 and 1956, the curriculum was expanded to include a graduate program and bachelor's programs in the arts and sciences; the name was then changed to Jackson State College in 1956. Further expansion of the curriculum and a notable building program preceded the elevation of Jackson State College to university status on March 15,1974. In 1979, Jackson State was officially designated the Urban University of the State of Mississippi.

Presently, Jackson State Univer sity, a public, coeduc ational institution, is supported by legislative appropriations supplemented by st udent fees and f ederal and priv ate grants. The University employees around 1593 employees and is still growing.

THE POSITION OFFERED

At this time	we wish to employ	in the position of	In this
position	will be responsible for (c	detailed description of duties)	
	THE BENEFICIARY	S QUALIFICATIONS	
relevant education professional exper	and professional experiences	to undertake this employmen (fully describe applican	
	TERMS OF E	<u>MPLOYMENT</u>	
per year. This con adversely affect the w 1B status, we will o	essional services, n pensation is meet the prevence working c ondition of similare to be dismissed by Jackson compensate him for the reasoner understand that as a dismissal.	ailing wage for similar position larly employed U. S. work n State Un iversity prior to the nable cost of his return transp	ns and will not kers. Further, if e expiration of his H- ortation to his home
	e foregoing, we submit that request a favorable decision of		H-1B class ification
Thank you f	or your consideration.		
	Respect	fully,	

Jackson State University Request for Payment

IO: FI	lanciai Services	
From:		
e-mail		
Date:		
Payment to	: DEPARTMENT OF HOMELAND SECURITY	
	USCIS – CALIFORNIA SERVICE CENTER	
	ATTN: CAP EXEMPT H-1B PROCESSING UNIT	
	P.O. Box 10129	
	Laguna, Niguel, CA 92607-1012	
	<u>Item</u>	<u>Amount</u>
Purpose:	Payment of fees for the H1B Petition for:	
	ATTENTION: PATRICIA JERNIGAN (601-979-3796)	
Information	to be included on check stub:	
Reference:	(International Employee's Name)	
Text:		

NOTE: File separate requests for each filing fee so that separate checks will be processed.

Interoffice Memorandum DIVISION OF INTERNATIONAL STUDIES

Division of International Studies Office Complex Unit 1, P.O. Box 17103 Jackson, MS 39217 601-979-3796

TO: Financial Services

FROM: Patricia Jernigan, Assistant Dean

Division of International Studies

DATE:

SUBJECT: H-1B Filing Fees For (Name of Applicant)

When filing for H-1B status on behalf of a university employee or intended employee, the Jackson State University may pay the Department of Homeland Security, US Citizenship and Immigration Services the Fraud filing fee and may pay the other fee(s) for the related paperwork (USCIS form I-129). If not, the fees will be the responsibility of the beneficiary.

There are four possible filing fees associated with an H-1B Petition. As of November 23, 2010, the filing fees are as follows:

- 1. Standard filing fee for the I-129 (necessary for all H-1B Petitions) \$325
- 2. Anti-fraud fee (for all new H-1B Petitions with JSU) \$500
- 3. Premium Processing fee (for expedited processing) \$1225.00
- 4. Division of International Studies processing fee \$500.00

The following guidelines are given by the USCIS for payment preparation:

- All filing fees must be paid with separate checks or money orders.
- The check(s) or money order(s) must be drawn on a bank or other financial institution located in the United States and must be payable in U.S. currency. Do not mail cash.
- Make the check(s) or money order(s) payable to:

DEPARTMENT OF HOMELAND SECURITY
USCIS – CALIFORNIA SERVICE CENTER
ATTN: CAP EXEMPT H-1B PROCESSING UNIT
P.O. Box 10129
LAGUNA NIGUEL, CA 92607-1012

When the check or money order is ready, it should be returned to the Division of International Studies, <u>NOT</u> the USCIS. A check sent directly to the USCIS will be returned and will cause delays in the application process.

• Jackson State University

• H-1 B – Form 2: Request For Information From The Applicant • Division of International Studies • Jackson State University • Office Complex Unit 1, Box 17103 • Jackson, MS 39217 • USA

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Phone: (601) 979-3796 • Fax: (601) 979-3388

E-mail: patricia.a.jernigan@jsums.edu

Please submit all of the following information, even for H-1B extensions: Be sure to type or print clearly

DO NOT STAPLE ANY DOCUMENTS TOGETHER

H-1R APPLICANT DE	EMOGRAPHIC INFORMATION	
	EWOCKAI IIIC INFORMATION	
NAME AND RESIDENCE INFORMATION:		
Full Name (as it appears in your passport): Family Name (Surname)		
		Middle Name (if any)
All other names used :		
•	d names from all previous marriages	
Place of Birth (required):::	Province/ State	
City		Country
Residence Information (required):		
Country of Citizenship	·	
Date of Birth (Month/ Day/ Year):	Gender:	
CONTACT INFORMATION:		
Residential Address Outside of the U.S.:		
E-mail address:	_ Fax Number:	
E-mail address: JACKSON STATE UNIVERSITY POSITION INFORMAT (Please provide contact information for your intended emplo	TON:	
JACKSON STATE UNIVERSITY POSITION INFORMAT	TION: oyer at the Jackson State University)	
JACKSON STATE UNIVERSITY POSITION INFORMAT (Please provide contact information for your intended emplo JSU Academic Department:	TION: oyer at the Jackson State University)	
JACKSON STATE UNIVERSITY POSITION INFORMAT (Please provide contact information for your intended emplo JSU Academic Department:	YION: byer at the Jackson State University) Supervisor's Name:	
JACKSON STATE UNIVERSITY POSITION INFORMAT (Please provide contact information for your intended emplo JSU Academic Department:	OTON: Oyer at the Jackson State University) Supervisor's Name: YES or NO.	
JACKSON STATE UNIVERSITY POSITION INFORMAT (Please provide contact information for your intended emplo JSU Academic Department:	Supervisor's Name: YES or NO. Nore space is needed, please attach a separate parts.	age for your visa history:
JACKSON STATE UNIVERSITY POSITION INFORMAT (Please provide contact information for your intended emplo JSU Academic Department: US VISA HISTORY INFORMATION: Have you ever been in the United States in any non-immigrant status? If YES, please list all time in the US in non-immigrant visa status. If m	Supervisor's Name: YES or NO. Nore space is needed, please attach a separate party (Month/ Day/ Year):	nge for your visa history:
JACKSON STATE UNIVERSITY POSITION INFORMAT (Please provide contact information for your intended emplo JSU Academic Department: US VISA HISTORY INFORMATION: Have you ever been in the United States in any non-immigrant status? If YES, please list all time in the US in non-immigrant visa status. If m 1. Immigration Status (i.e. F-1, J-1, H-4): Dates of Stay	Supervisor's Name: YES or NO. Hore space is needed, please attach a separate party (Month/ Day/ Year): y (Month/ Day/ Year):	nge for your visa history:
JACKSON STATE UNIVERSITY POSITION INFORMAT (Please provide contact information for your intended emplo JSU Academic Department: US VISA HISTORY INFORMATION: Have you ever been in the United States in any non-immigrant status? If YES, please list all time in the US in non-immigrant visa status. If m 1. Immigration Status (i.e. F-1, J-1, H-4): Dates of Stay 2. Immigration Status (i.e. F-1, J-1, H-4): Dates of Stay	Supervisor's Name: Supervisor's Name: NO. Nore space is needed, please attach a separate party (Month/ Day/ Year): y (Month/ Day/ Year): y (Month/ Day/ Year):	nge for your visa history: through through
JACKSON STATE UNIVERSITY POSITION INFORMAT (Please provide contact information for your intended emplo JSU Academic Department: US VISA HISTORY INFORMATION: Have you ever been in the United States in any non-immigrant status? If YES, please list all time in the US in non-immigrant visa status. If m 1. Immigration Status (i.e. F-1, J-1, H-4): Dates of Stay 2. Immigration Status (i.e. F-1, J-1, H-4): Dates of Stay 3. Immigration Status (i.e. F-1, J-1, H-4):	Supervisor's Name: Supervisor's Name: YES or NO. Nore space is needed, please attach a separate party (Month/ Day/ Year): Yey (Month/ Day/ Year): Yey (Month/ Day/ Year): Yes or NO.	nge for your visa history: through through through
JACKSON STATE UNIVERSITY POSITION INFORMAT (Please provide contact information for your intended emplo JSU Academic Department: US VISA HISTORY INFORMATION: Have you ever been in the United States in any non-immigrant status? If YES, please list all time in the US in non-immigrant visa status. If m 1. Immigration Status (i.e. F-1, J-1, H-4): 2. Immigration Status (i.e. F-1, J-1, H-4): Dates of Stay 3. Immigration Status (i.e. F-1, J-1, H-4): Dates of Stay Have you ever been in the United States on a J Visa (J-1 or J-2)?	Supervisor's Name: Supervisor's Name: YES or NO. Nore space is needed, please attach a separate party (Month/ Day/ Year): Yey (Month/ Day/ Year): Yey (Month/ Day/ Year): Yes or NO.	age for your visa history: through through through Visa)? □ YES or □ NO.
JACKSON STATE UNIVERSITY POSITION INFORMAT (Please provide contact information for your intended emplo JSU Academic Department: US VISA HISTORY INFORMATION: Have you ever been in the United States in any non-immigrant status? If YES, please list all time in the US in non-immigrant visa status. If m 1. Immigration Status (i.e. F-1, J-1, H-4): 2. Immigration Status (i.e. F-1, J-1, H-4): 3. Immigration Status (i.e. F-1, J-1, H-4): Dates of Stay Have you ever been in the United States on a J Visa (J-1 or J-2)? Are you subject to the 212(e), Two-Year Home Residency Requirement	Supervisor's Name: Supervisor's Name: YES or NO. Nore space is needed, please attach a separate party (Month/ Day/ Year): Yey (Month/ Day/ Year): Yes or NO. It (only possible if currently or previously on J- Applied for waiver Received waiver (Please Include Proof of Completed requirement in home country)	age for your visa history: through through through Visa)? □ YES or □ NO.

Jackson State University

• H-1 B – Form 2: Request For Information From The Applicant •

IMMIGRATION INFORM	MATION
Passport # : Passport Cou	ntry:
Passport Issue Date (Month/ Day/ Year): Passport Exp [Please note that passports must be renewed at least 6 months prior to their expiration	piry Date (Month/ Day/ Year):date.]
U.S. Social Security Number (If any):	
A $\#$ (If any. Alien number is listed on EAD Cards, OPT Cards, and on any I-140 or I-48	5 Notices) :
At which consulate will you apply for your H-1B Visa stamp? City (outside of the U.S.)	: Country:
FOR APPLICANTS CURRENTLY IN THE	UNITED STATES ONLY
Current Non-Immigrant Visa Status (i.e. F-1, J-1, H-1B) :	
Date of Last Arrival (stamped on I-94 Card) (Month/ Day/ Year):	
Date Current Visa Status Expires (Month/ Day/ Year):	
I-94 # (Eleven Digit Number White Card in Passport):	
Are you currently on F-1 Optional Practical Training (OPT)? ☐ YES or ☐ NO.	
If YES, List dates of OPT: (Month/ Day/ Year):throu	gh (Month/ Day/ Year):
Do you have any dependents (spouse or children) who will file for H-4 status with this p	
Residential Address in the U.S.:	•
Phone Number: Fax Number:	
REQUIRED DOCUMENTATION TO BE SUBMITTED TO TH	E DIVISION OF INTERNATIONAL STUDIES
DO NOT STAPLE ANY DOCUMEN	TTS TOGETHER
$\hfill\Box$ One support letter from the department attesting to the quality of applicant's work (s	ample letter attached)
$\hfill \square$ Curriculum Vita/ Resume which includes current address, home country address, sta	tement of work history, and list of publications
 Copy of all university-level academic degrees, diplomas, and transcripts/mark sheets Diplomas and transcripts/mark sheets do not have to be originals On the back of each photocopy, sign a statement that says "This is a true photo Documents not in English will be translated by the Division of International St Degrees or documents issued by non-U.S. institutions will have to have a foreign 	copy and originals are available upon request."
☐ Copies of 3 most recent pay stubs/ paycheck notifications if currently employed in the	e US
☐ Copy of Passport Identification Pages (Full-page photocopies ONLY. Do not cut the	photocopy to the shape of the passport) **
☐ Copies of current/ most recent Visa Stamp **	
☐ Copies of I-94 Card (FRONT AND BACK) **	
☐ Copies of all previous I-20's, DS-2019's, IAP-66's, and H-1B or H-4 I-797 Approva	l Notices**
☐ Copy of Employment Authorization Card (i.e. F-1 OPT Card or J-2 EAD Card) if cu	rrently working on Employment Authorization
☐ Proof of I-612 waiver or completion of 212(e) Two-Year Home Residency Requiren	nent if currently or previously on J-Visa**
☐ H-4 Application: If you have dependent family members who are already in the U.S. change/extend their status as an H-4 dependent, include the following: - Form I-539 (available on www.uscis.gov site) and check for \$300 made payable to Include the above starred (**) items for your family members - Birth Certificate and Marriage Certificate	

Jackson State University

• H-1 B – Portability Attestation •

(Only for H-1B Transfers from other employers)

To Whom It May Concern:

I understand that under the U.S. Immigration and Naturalization Act as amended by the American Competitiveness for the 21st Century Act of 2000, [AC21 § 105], [INA § 214 (a) (m)], non-immigrants currently in H-1B status with one employer can begin employment with a new employer as soon as the new employer files the I-129, H-1B petition for new H-1B employment. The new employer and H-1B applicant do not have to wait for the new petition to be approved in order to begin employment. I understand that I am eligible to begin working at the Jackson State University (JSU) provided:

- 1) I have been previously issued an H-1B visa or otherwise provided H-1B non-immigrant status;
- 2) I have been lawfully admitted into the United States as a non-immigrant;
- 3) I have not engaged in employment without authorization since that admission;
- 4) I am currently the beneficiary of a I-129 petition for new H-1B employment which has been filed with the Department of Homeland Security US Citizenship and Immigration Services before the expiration of my current period of authorized stay
- 5) I recognize that if the new H petition is denied, my "portability" work authorization is automatically terminated.

By signature below, I certify that I have read and understood the conditions set forth in INA § 214 (a)(m), and that I qualify for the "portability" benefit based on my current H-status and the fact that an application for my employment at the Jackson State University has been timely filed and a USCIS receipt notice for the filing has been received by the Division of International Studies. I also recognize that if the petition to transfer my H-status to the Jackson State University is denied that my "portability" work authorization is automatically terminated.

SIGNATURE:	
PRINTED NAME:	
DATE:	

Return Portability Attestation to: Division of International Studies Jackson State University Office Complex Unit 1, Box 17103 Jackson, Mississippi 39217 601-979-3796