

The University of Alabama at Birmingham

H-1B BENEFICIARY INFORMATION SHEET - NON-CLINICAL NEW HIRE

→ <u>BIOGRAPHICAL INFORMATION</u>

Name				
ı	_ast/Family Names	First/Give	n Names	
	Single If married, please compation for your dependent(s) to obtain	· · · · · · · · · · · · · · · · · · ·	ection on page 2, and we	will send you
City of birth		State/province of birth		
Country of birth	C	ountry of citizenship		
Current residen	tial address in the US			
	Street		Apartment	t Number
City	State		ZIP Code	
Phone	Non-v	vork email address		
Residential add	ress abroad			
	Street		Apartment	t Number
City	State/Province	Country	Postal Cod	de
→ <u>IMMIGF</u>	<u>RATION HISTORY</u>			
Are you current	ly in H-1B status?		Yes □	No □
Have you ever held H-4 status?			Yes □	No □
Have you ever I	neld F-1 or F-2 status?	Yes □	No □	
Have you ever I	Yes □	No □		
If yes, w	ement? Yes □	No □		
•	y requirement? Yes □	No □		
Have you ever I	Yes □	No □		
Do you have an	Yes □	No □		
•	se have an approved Form I-14	Yes □	No □	
•	pending adjustment of status ("g	Yes □	No □	
Are you working	Yes □	No □		
Do you have a	Yes □	No □		
Have you ever I	Yes □	No □		
, , ,	for a visa abroad, which US en	,		
(Please list the	city. <i>Example: Hyderabad, India</i>)	_	

→ DEPENDENTS Will your spouse need H-4 status? Yes □ No □ If no, what immigration status does your spouse currently hold? ___ Does your spouse need an H-4 EAD? Yes □ No □ Will your children born outside the US need H-4 status? Yes □ No □ If you answer yes to any of the above questions, we will send additional information and links for your dependent(s) to apply to obtain or extend H-4 status with USCIS. → REQUIRED DOCUMENTS Please complete and email this form to whoever sent you this document (either arainey1@uab.edu or zoeguy@uab.edu), along with pdf copies of ALL of the following documents. Please do not send pictures or screen shots. We cannot file the H-1B petition without ALL necessary documents. Please send all attachments in <mark>one</mark> email or via Dropbox/Box. Biographical pages of your current, valid passport and all expired passports Social Security card All US visas in valid passport and any expired passports By returning this form, you consent to ISSS staff downloading your most recent Form I-94 from https://i94.cbp.dhs.gov/I94/#/home Current CV Diplomas and transcripts for **ALL** degrees (e.g., bachelor's, master's, PhD, MD, etc.) Education equivalency evaluation for qualifying degree(s) earned outside the US (required by 8 CFR § 212.4(h)(4)(iii)(C)(2) Educational equivalency (confirmation that your education outside the US is equal to obtaining a certain degree as awarded by a US institution) is not the same as educational verification (which confirms that you did, in fact, receive a certain degree). Federal regulations governing the H-1B program require employers to demonstrate that the sponsored employee holds the US "equivalent" of a degree. It is ISSS policy and best practice to include an educational equivalency evaluation with every H-1B petition in order to avoid a delay in adjudication in the event that USCIS issues a Request for Evidence (RFE) asking for the evaluation. USCIS routinely accepts evaluations provided by members of NACES and Lisano International. Please begin the process of obtaining an education equivalency evaluation as soon as possible to avoid delays in filing your petition. If you do not want to incur the financial and/or time cost of obtaining an educational equivalency evaluation, please sign below indicating that you have been advised of this requirement and are willing to accept the risk of delaying your UAB start date by filing without the evaluation.

All prior immigration documents covering entire period of stay in US in any immigration status [e.g., Forms I-20, DS-2019, I-797, I-612 waiver approval, I-140 approval notice, receipt notice for I-485, all EAD cards for non-H-1B employment (e.g., OPT, H-4, J-2, DACA, TPS, etc.)]

Three most recent pay slips from current employer (if currently employed in the US in H-1B status)

<u>ALL</u> pay slips from <u>all</u> prior <u>and</u> current employers (if currently employed in the US on OPT and/or STEM OPT). USCIS is looking at periods of OPT and STEM OPT unemployment. If you do not provide all pay slips, there is a high chance USCIS will issue a Request for Evidence asking you to prove days of OPT and STEM OPT unemployment. Please provide these documents to us now so that we can avoid an RFE.

Signature

RECEIPT OF US PUBLIC BENEFITS

(Applicable *only* for a change of status to H-1B *or* extension of H-1B status)

On February 24, 2020, USCIS implemented the Inadmissibility on Public Charge Grounds final rule. In order to comply with this requirement, you must answer the questions below, sign and date where indicated, and return to ISSS. If you answer "yes" to any of the questions, we recommend that you contact a local immigration attorney with any questions and to discuss your options. **ISSS cannot advise on your participation in any of the public benefits programs listed below and is collecting this information only because employers are required to per the newest version of Form I-129, which is the basis for every H-1B and O-1 petition. The questions and options below are presented identically to how the information is requested on USCIS Form I-129.**

Have you ever received, or are currently certified to receive, any of the following US public benefits? Please check

on	only the benefits that apply to you.	
	☐ Any Federal, State, local or tribal cash assistance for income mainten	ance
	☐ Supplemental Security Income (SSI)	
	☐ Temporary Assistance for Needy Families (TANF)	
	☐ General Assistance (GA)	
	☐ Supplemental Nutrition Assistance program (SNAP, formerly called "F	ood Stamps")
	☐ Section 8 Housing Assistance under the Housing Choice Voucher Pro	ogram
	☐ Section 8 Project-Based Rental Assistance (including Moderate Reha	bilitation)
	□ Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et sec	
	☐ Federally-Funded Medicaid	
	□ No, I have not received any of the above public benefits	
	□ No, I am not certified to receive any of the above listed public benefits	
	following (select all that apply)? □ An emergency medical condition	
	• •	
	☐ For a service under the Individuals with Disabilities Education Act (IDE	•
Ш	 Other school-based benefits or services available up to the olde under State law 	st age eligible for secondary education
	☐ While under the age of 21	
	☐ While pregnant or during the 60-day period following the last day of pr	egnancy
	□ None of the above statements apply.	Sylianoy
_	- None of the above statements apply.	
l c	I certify, under penalty of perjury, that I have answered the above question	ns regarding my use of US public benefits
ful	fully and accurately.	
_		
Ту	Type or Print Name Date	
Sig	Signature	

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	the <u>English</u> and <u>[enter appro</u> e translation of the document