**H-1B/E-3/TN Visa Intake Form**

International Scholars Operations

**This form is provided to facilitate collection of information for the** [**H Visa Request Form**](https://lux.ap.washington.edu/visa/h/new/)**. Units must submit an H Visa Request Form to initiate visa sponsorship through ISO. Please** **contact ISO** **with questions.**

***UW Employee ID (if any):***

*If correctly entered on the visa request, this will allow the beneficiary to access basic information about the visa request and associated files (Petition Scans, Receipt Notices, and Approval Notices).* ***ISO recommends including this information to support streamlined document distribution.***

**PART I**: To be completed by the future or current employee to be sponsored.

**Section One - Biographic Information**

*Enter names as they appear on the passport.*

*Full Name:* Family name/surname, Primary name/given name Middle name

*Previous Names:* Enter any other names used, including maiden names or names from previous marriages, in Last, First, Middle order.

*Date of Birth:* MM/DD/YYYY *Gender:* [ ]  Male [ ]  Female

*City of Birth:*City/town of birth *Province/State of Birth:* Province/state of birth

*Country of Birth:* Choose an item.

*Passport country/Primary country of citizenship:* Choose an item.

*Additional country of citizenship:* Choose an item.

*Additional country of citizenship:* Choose an item.

*Country of legal permanent residence if different than country of citizenship:* Choose an item.

*Permanent Address Outside the U.S. (if any):* Address line 1

Address line 2

Address line 3

Address line 4

*E-mail address:* username@domain.edu

*Do you have a U.S. Social Security number (SSN)?* *[ ]* YES *[ ]*  NO

*Are you currently in the U.S.?* *[ ]* YES *[ ]*  NO

 *If YES, list your U.S. residence address:*  Address line 1

Address line 2

Address line 3

Address line 4

 *If YES, list current nonimmigrant status:* Nonimmigrant status

*When did you last arrive in the U.S.?* MM/DD/YYYY

*When will your current status expire?* MM/DD/YYYY

*Select one**of the following regarding any prior visits to the U.S.****:***

*For* ***each prior status held*** *in the U.S. (except as a B-1 or B-2 or visa waiver), list your nonimmigrant status held and start and end dates for each.* ***DO NOT*** *provide information about exit/entry dates within each status.*

Enter nonimmigrant status and dates of stay (MM/DD/YYYY - MM/DD/YYYY)

*Do you have any* ***upcoming international travel plans*** *between now and the requested start date? [ ]* YES [ ]  NO

*If yes, please list approximate dates and locations for upcoming international travel plans:*

*Enter destination countries and approximate dates of travel (MM/DD/YYYY - MM/DD/YYYY)*

*Indicate the city and country of the* [*U.S. embassy or consulate*](https://www.usembassy.gov/) *to be notified by U.S. Citizenship and Immigration Services (USCIS) when the petition is approved. Or, if you are Canadian, indicate the* [*pre-flight or port of entry*](https://www.cbp.gov/travel/canadian-and-mexican-citizens/traveling-tn-or-l1-visa-canada) *inspection facility.*

Enter U.S. consulate or inspection facility

*Have you ever been granted H-1B classification?* *[ ]* YES *[ ]*  NO

*Have you ever been denied H-1B classification?* *[ ]* YES *[ ]*  NO

*Are you in removal (deportation) proceedings?* *[ ]* YES *[ ]*  NO

*Present Occupation:* Enter your official occupation

*Present Job Title:* Enter your official title

*Present Employer:*Employer name

*Highest Degree Earned:* Enter the official degree

 *Field of Study:* Enter the official field name

 *Name of Granting Institution:* Enter the official name

 *Date Received:* MM/DD/YYYY

*Are you a graduate of a foreign medical school?* *[ ]* YES *[ ]*  NO

 If YES, have you passed all three steps of the U.S. Medical Licensing Exam (USMLE)? *[ ]* YES *[ ]*  NO

**Section Two - Information About Your Dependents**

* Dependents include your spouse and children under age 21.
* List dependents only if they are are currently in U.S. in H-4 status or wish to change status to H-4.
* Do not list dependents who hold U.S. passports or dependents who were born in the U.S.
* Enter names and dates exactly as they appear in passports.
* If you have more than three dependents, list them on a separate page.

**Dependent One:**

*Relationship:* [ ]  Spouse [ ]  Child

*Full Name:* Family name/surname, Primary name/given name

*Date of Birth:* MM/DD/YYYY *Gender:* [ ]  Male [ ]  Female

*City of Birth:* City/town of birth

*Country of Birth:* Choose an item.

*Passport country/Primary country of citizenship:* Choose an item.

*Additional country of citizenship:* Choose an item.

*Additional country of citizenship:* Choose an item.

*Country of legal permanent residence if different than country of citizenship:* Choose an item.

**Dependent Two:**

*Relationship:* [ ]  Spouse [ ]  Child

*Full Name:* Family name/surname, Primary name/given name

*Date of Birth:* MM/DD/YYYY *Gender:* [ ]  Male [ ]  Female

*City of Birth:* City/town of birth

*Country of Birth:* Choose an item.

*Passport country/Primary country of citizenship:* Choose an item.

*Additional country of citizenship:* Choose an item.

*Additional country of citizenship:* Choose an item.

*Country of legal permanent residence if different than country of citizenship:* Choose an item.

**Dependent Three:**

*Relationship:* [ ]  Spouse [ ]  Child

*Full Name:* Family name/surname, Primary name/given name

*Date of Birth:* MM/DD/YYYY *Gender:* [ ]  Male [ ]  Female

*City of Birth:* City/town of birth

*Country of Birth:* Choose an item.

*Passport country/Primary country of citizenship:* Choose an item.

*Additional country of citizenship:* Choose an item.

*Additional country of citizenship:* Choose an item.

*Country of legal permanent residence if different than country of citizenship:* Choose an item.

**PART II**: To be completed by the UW unit that will employ the beneficiary

**Section Three – Appointment/Job Information**

*UW Appointment/Job Title: Select one title from this list:* Choose an item. If “Other,” or staff not listed, please specify: Enter your response. *Please note that other academic personnel titles require specific preapproval from ISO.*

*For staff titles, documentation of* [*UWHR approval*](https://hr.uw.edu/policies/staff-visa-sponsorship/) *may be required in order to submit the visa request.*

*For H and E-3 requests for non-CBA titles, a completed* [*Prevailing Wage Intake Form*](https://ap.washington.edu/cms/wp-content/uploads/Prevailing-Wage.docx) *will be required in order to submit the visa request.*

*Proposed Dates of Sponsorship:*

MM/DD/YYYY *to* MM/DD/YYYY

*Sponsorship Duration: choose one:*

[ ]  The unit requests sponsorship for the duration of the current appointment.

[ ]  The unit requests sponsorship up to the maximum period allowed by UW appointment eligibility and U.S. immigration law.

*H-1B, E-3, and TN status can be requested for up to three years at a time; please see* [*https://ap.washington.edu/ahr/visas/*](https://ap.washington.edu/ahr/visas/) *for more information on each visa type.*

*Beneficiary’s UW Activities (check as many as applicable):*

 *[ ]* Research

 *[ ]* Teaching

 *[ ]* Clinical training in a residency or fellowship

 *[ ]* Clinical-patient care (including in a teaching setting)

*[ ]* Other – See field below.

*Provide a brief description of the beneficiary's activities at the University of Washington*

Enter your response

For example, research goals and tools and techniques used. This information will be provided to the Office of Sponsored Programs for export compliance review. This information may also be shared with the US Department of Labor and USCIS.

*List all activity locations, including the UW campus building name and room numbers for on-campus activity locations and street address and zip codes for off-campus activity locations. If there are more than four locations, include a separate attachment.*

1. Activity address
2. Activity address
3. Activity address
4. Activity address

*Will the beneficiary also perform work from the current US address listed above in Section One?* *[ ]* YES *[ ]*  NO

*Supervisor name:* First and last name

**Section Four - Funding Information**

*UW Appointment Service Period:* [ ]  9-month [ ] 12-month

This refers to the school/college/campus and position [service period](https://ap.washington.edu/ahr/actions/service-periods/), not the sponsorship period.

*UW Per-Month Salary: Include only salary paid through UW payroll for the proposed dates of sponsorship. Monthly full-time salary does not include pay through PDR, clinical or practice plan revenue, or incentive payments. DO NOT round off amount; salary must equal yearly amount in employer’s letter to USCIS, including cents*: $XX,XXX.XX

*UW Annual Salary: $*XX,XXX.XX

*If compensated through clinical practice plan (UWP or CUMG), list source and per-month amount:* Enter your response

*Grants/contracts funding the position, if any*

Enter your response

List any grants/contracts (eGC1 numbers) funding the position or any sponsored projects (eGC1) in which the individual will participate.

**Section Five - Sponsoring Department/Program Information**

*UW Home Department:* Enter the official name

*UW Home School/College/Campus:* Enter the official name

*UW Unit Contact Details (for further information regarding this visa request):*

*Contact Name:* Enter the official name

*Contact’s Email:* UW NetID@uw.edu

*Secondary Contact Name:* Enter the official name

*Secondary Contact Email:* UW NetID@uw.edu

*Tertiary Contact Name:* Enter the official name

*Tertiary Contact Email:* UW NetID@uw.edu

*NetIDs who should be able to view this request:*

Enter your response

List any other NetIDs for other people in your unit who should be able to access this visa request and associated files.

DO NOT list the scholar’s NetID.

*Campus Box:* 35XXXX

*Campus Phone:* 5-5555

*Department Chair/Program Director Name:* First and last name

*Dean’s/Chancellor’s Name:* First and last name

*Dean’s/Chancellor’s Office Contact’s Name:* First and last name

*Dean’s/Chancellor’s Office Contact’s Email:* UW NetID@uw.edu

**Section Six - UW Financial Information**

* *Visa fees cannot be charged to federal grants; please ensure the budget information you specify is valid. Please follow this*[*general guide*](https://finance.uw.edu/fr/references/budget-number-prefix)*to ensure you are using the appropriate budget information.*
* *Please enter a Grant, Gift, Project, Program, or Cost Center + Resource worktag.*
* *The visa request form will contain lists of active worktags that are updated daily*
* *The "Company" field is required, but will be populated by the visa request form if it can be derived from the worktag.*
* *Please note that all Worktags must be manually inputted into the visa request form. Our system will not automatically link driver worktags to other budget information.*

*Grant:* Enter worktag

*Gift:* Enter worktag

*Project:* Enter worktag

*Program:* Enter worktag

*Cost Center:* Enter worktag

*Resource:* Enter worktag

*Company:* Enter worktag

*Activity:* Enter worktag

*Assignee:* Enter worktag

*Balancing Unit:* Enter worktag

*Function:* Enter worktag

*Fund:* Enter worktag

*Work Order:* Enter worktag

 *Budget Contact Name:* First and last name

 *Budget Contact’s Email:* UW NetID@uw.edu

**Additional Information**

Use this space to add comments or information:

* If you have been in touch with an ISO advisor about this case, include their name here.
* If this is a staff visa request, enter the Position Number here.
* Enter any additional relevant information here.

Enter your response