



Office of International Services  
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## H-1B EMPLOYEE INFORMATION FORM - EXTENSION OF STAY

*This form must be completed by the H-1B employee. The sponsoring department should return the completed form together with the Request for H-1B Extension of Stay to the Office of International Services. Please enter all requested dates in the **MM/DD/YYYY** format.*

**Name (First, Middle, Last):**

**Current Address:**

**Current Position:**

Please provide a summary of your job duties and responsibilities:

Date of last arrival in U. S.:

Form I-94 #:

Date Status Expires:

Passport #:

Passport Issue Date:

Passport Expiration Date:

Prior petition receipt number (Form I-797 Notice of Action):

I am requesting an extension of my H-1B status, to be effective on:

Please complete the following if you have H-4 dependents who need an extension of stay:

Dependent's Name

Relationship

Age

Have you filed an immigrant petition (Form I-140) or an application for permanent residence (Form I-485) since your last H-1B petition was filed?    Yes    No    If yes, please provide details below:

I certify to the best of my knowledge that the information provided on this form is correct and request that the University of Mississippi Medical Center submit a petition for an H-1B extension of stay on my behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date