



Office of International Services  
2500 N. State St.  
Jackson, MS 39216  
Phone: (601) 984-1125/35  
Fax: (601) 984-1376  
E-mail: [international@umc.edu](mailto:international@umc.edu)

## REQUEST FOR H-1B PETITION

*This form must be completed by the department sponsoring the prospective H-1B employee. It must be signed by both the faculty sponsor and department chairman/head. Please return this form together with the **H-1B Applicant Information Form** to the Office of International Services.*

Employee's name (first, middle, last):

Sponsoring department:

Name of H-1B sponsor:

Department contact:

Proposed UMMC job title:

Number of hours to be worked each week:

Salary (per year) or wage (per hour):

Number of people this person will supervise:

Title(s) of position(s) to be supervised:

Dates of intended employment:

From:

To:

**Please check one:**

Initial H-1B petition

Extension of current H-1B authorization - no change in employment since filing of last petition

Extension of current H-1B authorization - nominal change in employment (title, duties, salary, etc.)  
since filing of last petition

Amended petition - substantial change in employment (title, duties, salary, etc.)

Change in H-1B employer sponsorship (transfer to UMMC from another organization/institution)

Provide a summary of the H-1B workers's proposed/current duties and responsibilities. Please enter actual day-to-day duties and responsibilities rather than a generic description. Example: for researchers include a detailed description of the reasearch performed, specific laboratory techniques utilized, etc.

Minimum education, training and experience requirements for this position as stated on the official UMMC job description:

Minimum educational requirement (degree and field):

Is prior employment experience required for this position?                      Yes                      No

If yes, enter the minimum number of months of experience required

In what occupation(s) would one normally be employed to acquire this experience?

Is training required for this position?                      Yes                      No

If yes, enter the minimum number of months of training required

In what specific field(s) would this training normally be acquired?

List the names and addresses of all sites (other than the main UMMC campus at 2500 North State Street) where this individual will perform work as a UMMC employee:

I certify to the best of my knowledge that the above information is true and correct:

\_\_\_\_\_  
Signature of H-1B Sponsor

Date

\_\_\_\_\_  
Signature of Department Chairman

Date

\_\_\_\_\_  
Signature of Department Business  
Administrator

Date