

H-1B Process Authorization Form

Sponsoring Department: _____
 Department Administrator: _____
 Administrator Email Address: _____
 Administrator Phone Number: _____
 Department Group (School, College or other higher-level organization): _____
 Employee's First Name: _____ Last Name: _____ Middle Name: _____ Panther ID: _____
 Employee's Current Immigration Status (if any): _____ Date Status Expires: _____

Department Chair/Business Unit Head Approval:

By signing this form, I give permission to Academic Affairs and Human Resources to begin the process of obtaining the requested nonimmigrant status for the employee named above, under these conditions:

1. If the employment of an individual in H-1B status is ended prior to the expiration date of that individual's H-1B latest H-1B Approval Notice – except if the employment is terminated at the request of the employee – the employer (i.e. the hiring/Sponsoring Departments) must pay the reasonable cost of the return airfare to that employee's country of last residence. I understand that the department is responsible for that cost.
2. The Hiring/Sponsoring Department accepts responsibility for all fines and penalties associated with violating applicable H-1B federal regulations.
3. The Hiring/Sponsoring Department agrees to notify Academic Affairs and Human Resources prior to making any substantial changes regarding the H-1B employee's position, such as title, duties, work location, termination or resignation.
4. The Hiring/Sponsoring Department acknowledge that the hiring of the above-mentioned H-1B employee complies with FIU's Human Resources and/or Academic's job placement requirements.
5. Academic Affairs and Human Resources cannot guarantee the outcome of any case, and the Hiring/Sponsoring Department will not make any such guarantees to the employee.
6. The Hiring/Sponsoring Department must pay all the federal fees associated with the application, as described in the H-1B Processing Fees.
7. In any situation that the Office of the Provost Planning & Finance receives invoice from retained law firm, I authorize the **Department's Activity #** _____ to be charged by the Office of the Provost Planning & Finance.

Department Chair (For Faculty Position)

Signature: _____ **Print Name:** _____ **Date:** _____

Business Unit Head

Signature: _____ **Print Name:** _____ **Date:** _____

Please email the completed form to immigration@fiu.edu