## UNIVERSITY of HOUSTON

## **REQUEST FOR PERMANENT RESIDENCY SPONSORSHIP**

Length of service with UH in a faculty and/or benefits-eligible, exempt staff position is:	Last Name (of Foreign National)	ast Name (of Foreign National) First			
Length of service with UH in a faculty and/or benefits-eligible, exempt staff position is:					
Information about the foreign national:       Date of Birth:         Immigration Status:       Marital Status:         Home Address (Street):       City, State, Zip:         Phone Number:       Email Address:         Information about the foreign national's department:       Department Name:         Department Name:       Mail Code:         Beneficiary's Supervisor:       Title:         Department Chair and Business Administrator:       Please read carefully and fill in spaces before signing         1 certify that bis request for permanent residency is for the employee identified above and the job described on the reverse side of this form qualifies for this required to pay all of the fees associated with the Labor Certification (PERM) step fees description (PERM) step fees that we elect to cover as indicated below. Should our college/department pay any of the fees, we understand that the Office of the General Counsel would assign a qualified immigration attorney to pursue the permanent residency on behalf of UH, our college/department and the aforementioned employee, for UH is not authorized to pay for legal services for attorneys not approved by the Office of the General Counsel.         Coverage of Costs: the	Job Title (of Foreign National) Pay Rate p	per (Year, Month, Hour) Hours per Week	FTE		
EmplID/PeopleSoft ID:	Length of service with UH in a faculty and/o	or benefits-eligible, exempt staff position is:			
Immigration Status:       Marital Status:         Home Address (Street):       City, State, Zip:         Phone Number:       Email Address:         Information about the foreign national's department:       Email Address:         Department Name:       Mail Code:         Beneficiary's Supervisor:       Title:         Department Chair and Business Administrator: Please read carefully and fill in spaces before signing         I certify that this request for permanent residency is for the employee identified above and the job described on the reverse side of this form qualifies for this request and the	Information about the foreign national:				
Immigration Status:       Marital Status:         Home Address (Street):       City, State, Zip:         Phone Number:       Email Address:         Information about the foreign national's department:       Email Address:         Department Name:       Mail Code:         Beneficiary's Supervisor:       Title:         Department Chair and Business Administrator: Please read carefully and fill in spaces before signing         I certify that this request for permanent residency is for the employee identified above and the job described on the reverse side of this form qualifies for this request and the	EmplID/PeopleSoft ID:	Date of Birth:			
Phone Number:       Email Address:         Information about the foreign national's department:       Department Name:         Department Name:       Mail Code:         Beneficiary's Supervisor:       Title:         Declarations:       Complete job description and requirements on second page.         Department Chair and Business Administrator:       Please read carefully and fill in spaces before signing         1 certify that this request for permanent residency is for the employee identified above and the job described on the reverse side of this form qualifies for this request and the			Marital Status:		
Information about the foreign national's department:       Mail Code:         Department Name:       Mail Code:         Beneficiary's Supervisor:       Title:         Declarations:       Complete job description and requirements on second page.         Department Chair and Business Administrator:       Please read carefully and fill in spaces before signing         I certify that this request for permanent residency is for the employee identified above and the job described on the reverse side of this form qualifies for this request and the			City, State, Zip:		
Department Name:	Phone Number:	Email Address:			
Beneficiary's Supervisor:       Title:         Declarations:       Complete job description and requirements on second page.         Department Chair and Business Administrator:       Please read carefully and fill in spaces before signing         I certify that this request for permanent residency is for the employee identified above and the job described on the reverse side of this form qualifies for this request and the	Information about the foreign national's do	epartment:			
Declarations:       Complete job description and requirements on second page.         Department Chair and Business Administrator:       Please read carefully and fill in spaces before signing         I certify that this request for permanent residency is for the employee identified above and the job described on the reverse side of this form qualifies for this request and the	Department Name:	Mail Code:			
Department Chair and Business Administrator: Please read carefully and fill in spaces before signing         I certify that this request for permanent residency is for the employee identified above and the job described on the reverse side of this form qualifies for this request and the officially requests this sponsorship. I understand that UH is required to pay all of the fees associated with the Labor Certification (PERM) step should his permanent residency require it, and certify that the mound be responsible, and guarantees funding, for such fees as well as any other non-PERM step fees that we elect to cover as indicated below. Should our college/department pay any of the fees, we understand that the Office of the General Counsel would assign a qualified immigration attorney to pursue the permanent residency on behalf of UH, our college/department and the aforementioned employee, for UH is not authorized to pay for legal services for attorneys not approved by the Office of the General Counsel.         Coverage of Costs: the	Beneficiary's Supervisor:	Title:			
<ul> <li>Will not pay any of the non-PERM fees, only the PERM fees if these apply</li> <li>Will pay non-PERM fees as long as grand total (including or not PERM fees) does not exceed \$ [Amount]</li> <li>Will also pay for non-PERM steps with no limit on total amount</li> <li>By my signature on this request, I agree to comply with all regulations during the permanent residency process.</li> <li>Department Business Manager's Name</li> <li>Signature</li> <li>Date</li> </ul>	indicated below. Should our college/depart Counsel would assign a qualified immigrat college/department and the aforementioned	ment pay any of the fees, we understand t ion attorney to pursue the permanent re I employee, for UH is not authorized to pay	that the Office of the General sidency on behalf of UH, our		
Will pay non-PERM fees as long as grand total (including or not PERM fees) does not exceed \$ [Amount]   Will also pay for non-PERM steps with no limit on total amount   By my signature on this request, I agree to comply with all regulations during the permanent residency process.   Department Business Manager's Name   Signature   Department Head's Name     Signature     Date	Coverage of Costs: the	(Check-mark applicab	le option below):		
Department Head's Name Date	<ul> <li>Will pay non-PERM fees as long as grand total (including or not PERM fees) does not exceed \$ [Amount]</li> <li>Will also pay for non-PERM steps with no limit on total amount</li> </ul>				
Department Head's Name Date					
	Department Business Manager's Name	Signature	Date		
College Dean's (or Equivalent's) Name Signature Date	Department Head's Name	Signature	Date		
College Dean's (or Equivalent's) Name Signature Date					
	College Dean's (or Equivalent's) Name	Signature	Date		

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## Position Referenced in this Request for:\_\_\_\_\_

<u>List major duties of the position in order of their importance</u>. Include supervising duties. Inflating responsibilities or requirements may result in a prevailing wage that is greater than the salary budgeted for the position.

Job Requirements and Qualifications Required for the Position (Please specify the discipline)

Education (check-mark minimum degree required and indicate the major field of study):

B.A./B.S.	M.A./M.S.	A.B.D.	Ph.D.	Other (please list):
Major area of stu	dy required:			

Work Experience (check each item that applies and fill in the applicable spaces):

Experience	Years or Months	Clarifying Comment (if necessary)
None required		
Graduate Assistantship		
Post-Grad Teaching		
Post-Grad Research		
Related Duties		

Specific knowledge, skill, evidence of publications, etc. List any other requirements below.

<u>Please send this form along with the documents listed below to:</u> Eva Gray, Legal Assistant, Office of the General Counsel: 2028

## **PROVIDE THE FOLLOWING:**

- Request for Permanent Residency Sponsorship Form
- Sponsored employee's VITA/Résumé
- Executed employment offer letter (signed by all parties)
- Human Resources position description
- Ad(s) for position and date ad(s) posted- Please make sure to include <u>all ads</u> posted for the position
- H-1B Approval Notice (if applicable)