



The Catholic University of America

Request for H-1B Sponsorship Hiring School/Department Portion

Employing the individual being sponsored. It is to be completed and sent to International Student and Scholar Services. **Pryzbyla Center – Room 201.**

School/Department Information

Department Name:		
Department Campus Address:		
Name of Supervisor:		
Title of Supervisor:		
Contact Information for Supervisor:	Phone:	
	Email:	
Name of Administrative Contact Person:		
Contact Information for Administrator:	Phone:	
	Email:	
	Fax:	

Employee Information

Name of Employee:		
Employee's current Contact Information:	Home Address:	
	Phone:	
	E-mail:	
Name of current employer, if any:		

Position Information

Official CUA Position Title:		
Proposed Salary:		
Desired dates for immigration sponsorship (max. of 3 years):	Start Date _____ End Date _____	
Position description: Please provide a brief, clear description of the duties the individual will perform at CUA. Provide enough general detail for the Department of Labor to classify the position. This should match any official description on file with the University. Do not provide vague descriptions such as "will work on grant XYZ." For non-teaching positions, please attach University job description on file with Human Resources or Provost's Office.		
Minimum Education Required to function in position:	Degree:	
	Field(s):	
Minimum Experience Required (apart from degree)		

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Page 2 of 2

List any specific skills, licenses, etc. required by position:	
Does this position support a federal contract? <small>Federal contract = government contract over \$100,000 lasting more than 120 days</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Name/number of contract: <hr/>
Is the position full time?	<input type="checkbox"/> Yes <input type="checkbox"/> No, # of hours per week: _____ or ____% FTE
Is the position Unionized?	<input type="checkbox"/> No <input type="checkbox"/> Yes
How many people does this individual formally supervise?	
Physical U.S. Address Where work is to be performed:	Street:
	Street:
	City:
	County:
	State:
	Zip Code:
Will the employee travel as part of his/her job duties?	
List any other work sites in the U.S. where the individual will work for more than 5 consecutive days that are not covered by the address listed above:	Street:
	Street:
	City:
	County:
	State:
	Zip Code:
Name and Title:	Signature and Date: