H-1B INITIAL OR EXTENSION CHECKLIST FORM

Visitor's Name: _____
First Middle Last

Title being supported for H-1B: _____

Department: _____ Component: _____

Contact: _____
Name Telephone Fax

_____ IPO memorandum to department sent _____ Advisory sent to Administration

_____ Memorandum with administrative approval supporting H-1B received

_____ Actual Wage Form received _____ Prevailing Wage Form received

_____ Faxed to TWF or Survey Group _____ PWF Determination received

_____ Memo to department regarding increase in salary required sent

_____ Memo approving increase in salary received

_____ ETA9035 filed with DOL _____ Posting Notice sent to Department

_____ ETA 9035 received

_____ Memo to visitor requesting I-129 documents _____ Visitor's Documents received

_____ I-129 filed with INS _____ Notice to department H-1B filed sent

_____ DHS Receipt received _____ Portable Rule Clearance given

_____ I-797 approval notice received _____ Visitor and dept. notified of approval

_____ Visitor given copy of ETA9035, H-1B check-in instruction, Visa stamp information

Comments:
_____
_____
_____
_____

Visitor's current visa status: _____ Expiration date: _____

Two year home residency requirement: _____