

FORM 1: POSITION INFORMATION-(fillable)

All information requested on this form is required in order to initiate the H-1B work authorization for the prospective foreign national employee. If this information has been established by other means, such as a Job Evaluation Form, State of South Carolina Position Description, etc., also attach copies of those official SC/MUSC forms.

MUSC Hiring College and Department or Center _____

SC job title of position's supervisor: _____

Print supervisor's full name and e-mail: _____

Name of departmental contact person and e-mail _____

SC job title to be held by Foreign National: _____

Exact location(s) of employment *[enter complete physical address(es) including Zip + 4 where the foreign national will perform his/her duties. If multiple locations, use additional paper]:*

Proposed Salary (exact amount): _____ per _____ Full Time? Yes or No

If part-time, how many hours per week? _____

Projected Starting Date of H-1B status: _____

Ending Date: _____ (not more than 3 years)

Describe fully the job duties to be performed. Do not hesitate to use technical language. (Attach official MUSC job description)

Describe fully the MINIMUM educational requirement to fill the position. If a degree in a "related field" is acceptable to meet the educational requirement, state what related field(s) are acceptable.

Describe fully in years the MINIMUM training and/or experience required to fill the position. Do not provide the applicant's credentials. If no experience or training is

required for this position, so state.

Are any licenses or certifications required in order to perform the job duties? Yes or No

If yes, does the employee already possess the required license/certification? Yes or No

Number of US workers (excluding students) to be supervised by the H-1B worker _____

Is this an extension of a previously approved H-1B work authorization with no changes to the job duties? Yes or No

If this is an extension of previously approved H-1B work authorization (there have been no changes to the employees' job duties since the last USCIS approval), provide the following information about the current H-1B employee.

Name: _____ Date of Birth: _____
(Last/Family), (First/Given) (Middle) (mm/dd/yyyy)

Has the employee applied for Lawful Permanent Residence in the US? Yes or No

Does the employee have dependents who will seek to establish or extend H-4 dependent immigration status in the US? Yes or No