

H-1B EXTENSION QUESTIONNAIRE
(To be completed by the employing department)

ABOUT THE EMPLOYEE:

Name: _____
Last/Family *First* *Middle*

Date of Birth: _____ Country of Citizenship: _____
MM/DD/YY

Residence address in the U.S. _____

(Please note that USCIS must be notified within 10 days of a change of residence address)

Telephone Number: _____ (home) _____ (other)

E-mail address: _____

ABOUT THE POSITION AT BINGHAMTON

Time period for which you are seeking H-1B status for employee (**maximum of 3 years per request**)

From: _____ To: _____
MM/DD/YY *MM/DD/YY*

Employing Department: _____ Payroll Title: _____

Department Phone#: _____

_____ ess: _____

Will work be performed on campus? _____ Yes _____ No, if no, address where work will be performed: _____

Position is: _____ Full-time _____ Part-time (_____ hours per week)

Salary \$ _____ per _____
(Please specify the salary the individual will be paid. Use an hourly salary if the position is part-time.)

Do you wish to request premium processing? Yes _____ No _____ (Fee is \$2,500.00)