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

ABOUT THE EMPLOYEE YOU WISH TO SPONSOR FOR H-1B:

Name:		
Last/Family	First	Middle
Date of Birth:	Country of Citizenship:	
Telephone Number:		
E-mail address:		

Other Special Requirements (e.g. licenses, certifications, specialized skills/techniques):

Will this individual supervise other employees?	 No	Yes If	so, how many?	
••• In this individual supervise other employees	110	105 11	. 50, 110 w many	
Do you wish to sponsor this individual for permane) Yes	No
(Per SUNY policy, faculty may begin discussions regarding sp	oonsorship for Per	rmanent Reside		
commencing employment with the university. Other employee the university. The University will only support immigrant pro-		•	* 1 *	
<i>nature, including tenure-track teaching or research positions, minimum period of three years)</i>	and other positio	ns which are ir	ntended to continue f	or a
(If you wish to sponsor an employee for permanent residency, print advertisement <u>OR</u> an electronic or web based advertisem				
30 days, must have been completed) (In order to avoid additional expenses, you should begin the H	PR process within	18 months of th	he original offer lette	r)
RECRUITMENT EFFORT:				

Date of posting OR series of dates if electronic ad (30 days required):

Methods of advertisement (must include 1 print ad Or electronic or web based ad with a national professional journal posted for at least 30 days):