

**LSUHSC-9**  
**H-1B NONIMMIGRANT WORKER PRIOR APPROVAL FOR HIRE (OR EXTENSION)**

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- ☐ New Hire or Change of Status to H1B  
☐ Extension for current LSU HSC H1B employee  
☐ Change of Employer for current H1B beneficiary

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FACULTY SPONSOR: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

Dept. Address: \_\_\_\_\_ Dept. Contact: \_\_\_\_\_

Dept. Contact Phone: \_\_\_\_\_ Dept. Contact Email: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ PROPOSED SALARY: \_\_\_\_\_

**\*Attach Position Description, approved Training Plan and/or Advertisement.**

FEDEX ACCOUNT# \_\_\_\_\_ (required)

PROPOSED DATES OF EMPLOYMENT\*: FROM: \_\_\_\_\_ To: \_\_\_\_\_

*\*See form instructions for information on how to choose dates*

PATIENT CARE/CONTACT REQUIRED:      Yes      No

LICENSE REQUIRED:      Yes      No

WILL ANY WORK BE PERFORMED OFF SITE?\*      YES      NO

For purposes of an H1B petition, “off site” is considered to include locations where actual productive work will be performed, but which are not offices/facilities/locations of the petitioner (LSUHSC).

Off site does **not** include locations where occasional lectures, educational conferences or meetings may take place.

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NAME OF PROPOSED BENEFICIARY

LAST : \_\_\_\_\_ FIRST: \_\_\_\_\_ M: \_\_\_\_\_

DOES THE ALIEN SPEAK FLUENT ENGLISH:      Yes      No

HOW HAS ENGLISH FLUENCY BEEN VERIFIED?      Interview      Phone Call      Other: \_\_\_\_\_

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**Departmental Approvals:**

**Date:**

Funds Approved/Business Manager: \_\_\_\_\_

Section Head (if applicable) \_\_\_\_\_

Department Head: \_\_\_\_\_

International Services: \_\_\_\_\_

Dean: \_\_\_\_\_