

Permanent Residency Initial Information

<input type="checkbox"/> Passport Biographic page <input type="checkbox"/> Current CV, & Google Scholar Link (if applicable) <input type="checkbox"/> Job description <input type="checkbox"/> Advertisements (teaching positions only) <input type="checkbox"/> All other USCIS approvals (if applicable) <input type="checkbox"/> SPOUSE: H-1B/H-4/Other USCIS approval notices (if applicable) <input type="checkbox"/> Prior I-140 Approvals (For Employee and/or Spouse if applicable)				<input type="checkbox"/> Diploma(s) & Transcript(s) <input type="checkbox"/> Offer Letter (from Vice Provost for Faculty cases) <input type="checkbox"/> Job requirements <input type="checkbox"/> H-1B approval notices (if applicable) <input type="checkbox"/> Prior Forms DS-2019 and J visa stamps (if applicable) <input type="checkbox"/> DEPENDENT(s): H-4/Other USCIS approval notices (if applicable)			
Employee Last Name:		Employee First Name:		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
Employee Email address:		Employee work phone number:		Employee Cell phone number:			
Employee Residential address:		Employee Country of Birth:		Employee Country of Citizenship:			
Current non-immigrant status	Current Status Expiration Date: <small>Click or tap to enter a date.</small>	First date in H-1B status (if applicable)	Number of Days out of US since first date in H1B (if applicable):				
Expiration Date of Most Recent Visa Stamp in Passport (Unless Canadian):	Has employee or family ever held J status? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any personal information that may influence this PR application, e.g. marriage to a U.S. Citizen/Permanent Resident/someone in the PR process? <input type="checkbox"/> Yes Please specify: <input type="checkbox"/> No					
Human Resources/Academic Personnel Contact Name	Human Resources/Academic Personnel Contact phone	Human Resources/Academic Personnel Contact email					
Supervisor Name	Supervisor Contact email	Supervisor Contact phone					
Who will cover the legal and filing fee of the adjustment of status application for the employee? <input type="checkbox"/> Department will pay <input type="checkbox"/> Employee will pay	Does the employee have any family members who will be included in the permanent residency process? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who will cover the legal and filing fees for the adjustment of status applications for the family member(s)? <input type="checkbox"/> Department will pay for AOS fees for the family members <input type="checkbox"/> Employee will pay for AOS fees for the family members <input type="checkbox"/> Not applicable (no family members applying)					
Hosting Department name	Is the position permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the position full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of initial offer of employment				
Start date at UC Berkeley	Current job title	Starting salary in current position Current salary					
List ALL work location(s): Street Address, City, County or Parish: <small>Click or tap here to enter text.</small>		Is telecommuting an option for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Spouse, if any:		
Last Name: Click or tap here to enter text.	First Name: Click or tap here to enter text.	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Country of Birth: Click or tap here to enter text.	Country of Citizenship: Click or tap here to enter text.	Current Non-Immigrant Status: Click or tap here to enter text. Expiration Date: Click or tap to enter a date.
Children, if any:		
Name, Date of Birth, Country of Citizenship, Current Nonimmigrant Status, Expiration Date: Click or tap here to enter text.		

Signatures of Agreement

“In submitting this form I agree to provide the documents and support letter(s) that are required for the University to file for labor certification/permanent resident status for the international employee identified above. In addition, we have reviewed and understand that we will bear the cost of all fees associated with this application which the employer is required to cover.” Information about fees can be found at http://internationaloffice.berkeley.edu/ucb_departments/permanent_residents/fees

Department Chair/Unit Director:	Signature:	Date (mm/dd/yyyy):
Dean or Vice Chancellor or designee (for non-faculty cases):	Signature:	Date (mm/dd/yyyy):