**Permanent Residency Initial Information**

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| Passport Biographic page  Diploma(s) & Transcript(s)  Current CV, & Google Scholar Link (if applicable)  Offer Letter (from Vice Provost for Faculty cases)  Job description  Job requirements  Advertisements (teaching positions only)  H-1B approval notices (if applicable)  All other USCIS approvals (if applicable)  Prior Forms DS-2019 and J visa stamps (if applicable)  SPOUSE: H-1B/H-4/Other USCIS approval notices (if applicable)  DEPENDENT(s): H-4/Other USCIS approval notices (if applicable)  Prior I-140 Approvals (For Employee and/or Spouse if applicable) | | | | | | | |
| Employee Last Name: | | | | Employee First Name: Title:  Mr.  Ms.  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:  Click or tap to enter a date. | | | First date in H-1B status (if applicable) | | Number of days out of US since first date in H1B (if applicable):  Click or tap here to enter text. | |
| Expiration Date of Most Recent Visa Stamp in Passport (Unless Canadian):  Click or tap to enter a date. | Has employee or family ever held J status?  Yes  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? Yes Please specify:  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?  Department will pay  Employee will pay | Does the employee have any family members who will be included in the permanent residency process?  Yes  No | | | Who will cover the legal and filing fees for the adjustment of status applications for the family member(s)?  Department will pay for AOS fees for the family members  Employee will pay for AOS fees for the family members  Not applicable (no family members applying) | | | |
| Hosting Department name | Is the position permanent?  Yes  No | | | Is the position full time?  Yes  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:  Click or tap here to enter text. | | | Is telecommuting an option for this position?  Yes  No | | | |
| **Spouse, if any:** | | | | | | |
| Last Name:  Click or tap here to enter text. | | First Name:  Click or tap here to enter text. | | | Title:  Mr.  Ms.  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**

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

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“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>