

Permanent Residency Initial Information

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|---|--|---|---|--|---|--|--|-----------------------------|--|--|
| <input type="checkbox"/> Passport Biographic page | | | <input type="checkbox"/> Diploma | | | <input type="checkbox"/> Current Curriculum Vitae or resume | | | | |
| <input type="checkbox"/> H-1B approval notices (if applicable) | | | <input type="checkbox"/> Job description | | | <input type="checkbox"/> Advertisements (teaching positions only) | | | | |
| <input type="checkbox"/> Offer Letter (from Vice Provost for Faculty cases) | | | <input type="checkbox"/> Job requirements | | | <input type="checkbox"/> Prior Forms DS-2019 and J visa stamps (if applicable) | | | | |
| Employee Last Name: | | | | | Employee First Name: | | | | | |
| Employee Email address: | | | | | Employee work phone number: Employee Cell phone number: | | | | | |
| Employee Residential address: | | | | | Employee Country of Birth: | | | | | |
| Current non-immigrant status | | Has employee or family ever held J status? | | | Is there any personal information that may influence this PR application, eg. marriage to a U.S. Citizen/Permanent Resident/someone in the PR process? <input type="checkbox"/> Yes Please specify: <input type="checkbox"/> No | | | | | |
| First date in H-1B status (if applicable) | | <input type="checkbox"/> Yes <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 offer of employment | | |
| Current job title | | Current salary | | | Start date at UC Berkeley | | | | | |

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

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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): |