



BROWN

International Student & Scholar Services

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Providence, RI 02912
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Request for O-1A Sponsorship by Departments or Affiliated Hospitals of Brown University

These Request Forms are used to request that the ISSS file an O-1A petition for a prospective or current employee's employment at Brown or an Affiliated Hospital*. It is essential that all information entered in this Request is accurate. This information will be used to prepare the O-1A petition. After ISSS completes the initial screening we will be in touch with any questions.

Type of O-1A Requested: [] New O-1A [] O-1A Extension [] Concurrent O-1A [] Change of Employer O-1A

Applicant Information

1. Applicant's name exactly as it is indicated on his/her passport

Family (Last) _____ Given (First) _____

2. Date of Birth: (month)____(day)____(year)_____

3. Gender: [] Male [] Female

Appointment Information

4. Department: _____

5. Full Position Title: _____

6. Faculty Sponsor Name and Title: _____

7. Proposed Dates of O-1A: Start Date: _____ End Date: _____

8. Salary as of Start Date on O-1A listed above: _____ per year.

9. \$ 100% appointment or full time required. If less than 100% appointment, please explain: _____

10. Brief Non-Technical Job Description: _____

11. Physical Address of work location(s): _____
Street City State Zip

12. Is this a tenure or a tenure track position? [] Yes [] No

13. If this is a tenure or a tenure track position, is it anticipated that the scholar will be spending any time of this requested H-1B on sabbatical? [] Yes [] No [] Not Applicable

14. If yes, please specify when, for how long, and where: _____

Minimum Requirements for the POSITION* (NOT the qualifications of the applicant)

15. Minimum Degree(s) required for the position: [] Doctorate [] Master's [] Bachelor's [] Other: _____

16. Field(s) of study required for the position: _____

17. Is post-degree experience or training (including a completed postdoc) required for the position? [] Yes [] No

18. If yes, what is the number of years of post-degree experience or training that is required for the position (NOT the applicant's actual years of post-degree experience/training):

< 1 year 1-2 years 2-3 years 3-4 years 4-5 years 5-6 years Other: Please specify _____

19. If the position requires post-degree experience or training, please describe the type of experience or training required: (ex: a completed postdoc)

20. Special requirements – list any additional specific skills, licenses/certifications, and requirements for the position (ex: language skills, board certifications required, etc): _____

We hereby certify that this department supports the request to sponsor the above-mentioned individual as an O-1A employee.

Department Contact: (person who filled out this form and who will be responsible for updating OISSS of any changes to the applicant's employment)

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Department Chair or Principal Investigator Name: _____

Signature: _____ Date: _____

Hospitals Only:

Employing Hospital: _____ Employing Hospital Identification Number(EIN): _____

Hospital Approver Name: _____ Title: _____

Signature: _____ Date: _____



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Filing Fees:

The fees associated with an **O-1A** filing can include:

\$530 for the I-129 processing fee (must be paid by the department or sponsoring hospital)

\$2,965 if requesting premium processing to have USCIS respond within 15 days

\$470 if applicant has dependents in the U.S. who need to change or extend their status

Brown Internal Billing

ISSS will pay these fees using a Purchasing Card and will either charge the Purchasing Card transaction directly to your department or will reclassify the expense from OISSS to your department through a journal entry using the Worktag information you provide here:

Business Unit: _____

Cost Center / Grant: _____

Expense purpose code: _____

Fund: _____

Optional Worktag(s): _____

Please check the boxes of the fees for which your department/lab/center/institute/school is authorizing payment. Please note that the filing and anti-fraud fees are required to be paid by the employer. The Premium Processing fee can only be paid by the beneficiary in restricted circumstances.

\$530 Filing fee

\$2,965 Premium Processing fee

\$470 I-539 application fee for dependents

External Billing for Affiliated Entities

ISSS will pay these fees using a Purchasing Card and will invoice your organization using the Billing information you provide here:

Organization: _____

Cost Center / Grant: _____

Optional Codes: _____

Billing Contact Name: _____

Phone: _____

Email: _____

Please check the boxes of the fees for which your organization is authorizing payment. Please note that the filing and anti-fraud fees are required to be paid by the employer. The Premium Processing fee can only be paid by the beneficiary in restricted circumstances.

\$530 Filing fee

\$2,965 Premium Processing fee

\$470 I-539 application fee for dependents