

**H-1B EXTENSION QUESTIONNAIRE**  
(To be completed by the employing department)

**ABOUT THE EMPLOYEE:**

Name: \_\_\_\_\_  
*Last/Family* *First* *Middle*

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
*MM/DD/YY*

Residence address in the U.S. \_\_\_\_\_

\_\_\_\_\_  
*(Please note that USCIS must be notified within 10 days of a change of residence address)*

Telephone Number: \_\_\_\_\_(home) \_\_\_\_\_(other)

E-mail address: \_\_\_\_\_

**ABOUT THE POSITION AT BINGHAMTON**

Time period for which you are seeking H-1B status for employee (**maximum of 3 years per request**)

From: \_\_\_\_\_ To: \_\_\_\_\_  
*MM/DD/YY* *MM/DD/YY*

Employing Department: \_\_\_\_\_ Payroll Title: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Supervisor's email address: \_\_\_\_\_

Department Phone#: \_\_\_\_\_

Contact Person's name and email address: \_\_\_\_\_

Will work be performed on campus? \_\_\_\_\_ Yes \_\_\_\_\_ No, if no, address where work will be performed: \_\_\_\_\_

Position is: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time ( \_\_\_\_\_ hours per week)

Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
(Please specify the salary the individual will be paid. Use an hourly salary if the position is part-time.)

**Do you wish to request premium processing? Yes \_\_\_\_\_ No \_\_\_\_\_ (Fee is \$2,500.00)**