

RECOMMENDATION FOR APPOINTMENT OF TEMPORARY WORKER  
(H-1B, SPECIALTY OCCUPATIONS)

Initiator: \_\_\_\_\_

Date: \_\_\_\_\_

Information form sent? ( ) Yes

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

FAX: \_\_\_\_\_

Location Code: \_\_\_\_\_

FED EX Internal Billing Ref #: \_\_\_\_\_

( ) New Petition      ( ) Extension Of Stay      Is the appointee a foreign medical graduate? ( ) YES ( ) NO

I recommend that the following person be *appointed / reappointed* (select one):

Name of appointee:

Position title at Case:

Expense Code:

\_\_\_\_\_

\_\_\_\_\_

Current residential address of appointee:

Non-technical description of duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ % Time devoted to teaching

\_\_\_\_\_ % Time devoted to research

\_\_\_\_\_ % Time devoted to incidental care

\_\_\_\_\_ % Other (please specify)

Minimum degree required \_\_\_\_\_

Field of Education required: \_\_\_\_\_

\_\_\_\_\_

Please list the *position's* minimum requirements (*do not* list the appointee's qualifications).

Minimum experience required: \_\_\_\_\_ (years) performing \_\_\_\_\_

Appointment dates *from* (M/D/Y) \_\_\_\_\_ *to* (M/D/Y) \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per hour/month/yr      Source \_\_\_\_\_      Will work \_\_\_\_\_ % of time

Approved: \_\_\_\_\_, Chair, Dept. of \_\_\_\_\_

Approved: \_\_\_\_\_, Director, \_\_\_\_\_ School Budget Office

Approved: \_\_\_\_\_, Dean, School of \_\_\_\_\_