

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

Initiator: _____ Date: _____

Contact person: _____ Phone: _____

Department: _____ Email: _____

Location Code: _____ FEDEX Internal Billing Reference: _____

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 CWRU: _____

Current residential address of appointee: _____ Non-technical description of duties: _____

_____ % Time devoted to teaching

_____ % Time devoted to research

Minimum degree required: _____ % Time devoted to incidental care

Field of Education required: _____ % Other (please specify)

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 HR/MO/YR Source: _____ Will work _____ % of time

Approved: _____, Chair, Department of _____ signature

Approved: _____, Director, _____ School Budget Office signature

Approved: _____, Dean, School of _____ signature

WARNING: THE ATTACHED ADDENDUM IS REQUIRED FOR ALL H-1B VISA PETITIONS. THE H-1B VISA PETITION WILL NOT BE FILED UNTIL THE ADDENDUM IS COMPLETED AND RECEIVED BY THE OFFICE OF IMMIGRATION & HR SERVICES.

**RECOMMENDATION FOR APPOINTMENT OF TEMPORARY WORKER
(H-1B, SPECIALTY OCCUPATION) CONTINUED**

**ADDENDUM TO RECOMMENDATION FOR APPOINTMENT OF
H-1B TEMPORARY WORKER**

It is to certify that Mr./Mrs./Dr. _____
has reviewed the Export Administration Regulations (“EAR”), located at:
http://www.access.gpo.gov/bis/ear/ear_data.html, and the International Traffic in Arms Regulations
 (“ITAR”), located at: http://www.pmddtc.state.gov/regulations_laws/itar_official.html and
upon review of the content in regards to the technology or technical data that may be released to the
foreign worker in this position:

_____ no license is required _____.
Initial

_____ a license is required and no controlled technology or technical data requiring a license
will be released to, or accessed by, the foreign worker until and unless the undersigned has
received the required license or other authorization from the U.S. Government _____.
Initial

Principal Investigator/Program Manager’s Signature

If after review of the EAR and ITAR, you are unsure whether or not the technology or data that may
be disclosed requires a license, please contact the Office of Research Administration at 368-4515
for further guidance.