<u>H-1B EXTENSION QUESTIONNAIRE</u> (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 m	nust be notified within 10 days of a change of	of residence address)
Telephone Number:	(home)	(other)
E-mail address:		
ABOUT THE POSITION AT BIN Time period for which you are seeki		mum of 3 years ner request)
From:	- ·	
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 :		
Contact Person's Email Address:		
Will work be performed on campus? performed:		ddress where work will be
Position is: Full-time		per week)
Salary \$ per		-
(Please specify the salary the individual v	will be paid. Use an hourly salary if the p	oosition is part-time.)

06/09