



**Dashew Center for International Students and Scholars (DCISS)**  
106 Tom Bradley International Hall, UCLA, Los Angeles, CA 90095  
Website: [www.internationalcenter.ucla.edu](http://www.internationalcenter.ucla.edu)  
Phone: (310) 825-1681, Fax: (310) 206-1612

## **H-1B transfer cases within UCLA**

If your department wants to hire an H-1B holder who will transfer from another UCLA department, the transfer must be processed through the Dashew Center. DCISS will charge a \$400 service fee to assist with processing transfers of H-1B holders between departments. The hiring department is responsible for identifying funds for payment of the fee. The service fee must be paid through a Recharge Order Request.

If we determine that the existing UCLA H-1B petition needs to be amended because the transfer involves a material change, the \$400 will be considered as payment of the DCISS service fee for processing an amendment petition.

Please submit the following documents to the Dashew Center before the transfer takes place.

### **Biographical Information Form** (see next page)

Please complete all sections and the I-129 Export Control Compliance Certification pages.

### **Completed Recharge Order Request** (Formerly P-39)

The recharge fee for processing H-1B transfer cases is \$400. The form can be found in the "FORMS" menu.

### **A letter from the new Principal Investigator**

Please see the Sample Department Transfer Letter found in the "FORMS" menu.

Please keep a copy set for your records and deliver the required documents to:

Sylvia Ottemoeller  
The Dashew Center, 106 Bradley International Hall  
Campus 137907  
(310) 825-1681



**DOCUMENTATION FOR H-1B TRANSFER BETWEEN UCLA DEPARTMENTS**

**Section A.**

Last/Family Name:		First Name:		Middle Name:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> <i>[Please provide dependent(s) information on page 6]</i>			
Date of Birth:	Birthplace: <i>[City, Province, Country]</i>			Country of Citizenship:	
Alien Registration #	UID #	Passport #	Passport issue date:	Passport exp. date:	
Current visa status:	Date of most recent entry to the U.S.:		Was this a return trip from Canada or Mexico? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I-94 #	I-94 exp. date:	SEVIS # <i>[From I-20 or DS-2019]</i>	EAD # <i>[If any]</i>		

**Section B.**

Current Address: <i>[Street, Apt, City, State, Zip Code, Country]</i>		
Address Abroad: <i>[to which you will return]</i>		
U.S. Consulate where visa will be obtained: <i>[City, Country]</i>		
Work phone #	Home phone#	Mobile phone #
Email address: <i>[use UCLA email if applicable]</i>		

**Section C.**

**Please have Department Contact Person fill out the following:**

Department /Unit:		
Locations where employee will work: <b>[Indicate all possible locations, including working remotely outside Los Angeles]</b>		
Work address for each location: <b>[Add attachments if necessary]</b>		
UCLA payroll title and level for H-1B petition:		
Title Code:	Has the appointment been approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours per week for which employee will be employed:
Salary per year: \$	Salary per hour: <b>[If position is part-time]</b> \$	

Is there a bargaining representative (union) for this job classification? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please name the bargaining representative:</i>

At the present time, is there a strike or lockout for the people in this job classification? Yes <input type="checkbox"/> No <input type="checkbox"/>
Will travel (other than for meetings and conferences) be required in order to perform the job duties? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please explain the travel requirements:</i>

Are there any other working conditions that affect the rate of pay? <i>[ex. night shifts]</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please specify the working conditions:</i>

Dates of (H-1B) appointment: <b>FROM:</b>	<b>TO:</b>
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# of workers employee will supervise: <b>[Time sheets signed]</b>
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Brief description of the proposed duties of the position:
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Section D.

**I hereby certify that all the information provided on this form is true and correct. I also certify that the department will pay the reasonable cost of the alien's return transportation abroad if the employee is dismissed before the end of the period of authorized employment.**

***I understand that if the H-1B employee needs to travel outside of the U.S. and if must apply for a new H-1B visa to allow re-entry to the U.S., that there is a risk of a delay in his/her obtaining the visa because of security checks by government agencies. The delay may be from a few weeks to several months.***

<b>Alien's Supervisor:</b>	Title:	
Signature:	Date:	Phone: [Ext.]

<b>Department Chair/Unit Director:</b>	Title:	
Signature:	Date:	Phone: [Ext.]

<b>Department Manager:</b>	Title:	
Signature:	Date:	Phone: [Ext.]

<b>Department Contact Person:</b>	Title:	
Signature:	Date:	Phone: [Ext.]
Email:	Fax:	

**Section E.**

**Dependent(s) Information. Please include spouse and children, regardless of their immigration status.**

Name:		Relationship:	
Country of birth:	Date of birth:		Current visa status:

Name:		Relationship:	
Country of birth:	Date of birth:		Current visa status:

Name:		Relationship:	
Country of birth:	Date of birth:		Current visa status:

Name:		Relationship:	
Country of birth:	Date of birth:		Current visa status:

Name:		Relationship:	
Country of birth:	Date of birth:		Current visa status:

Name:		Relationship:	
Country of birth:	Date of birth:		Current visa status:

U.S. Citizenship and Immigration Services  
California Service Center  
P.O. Box 10129  
Laguna Niguel, CA 92607-0129

To Whom It May Concern:

Copies of documents submitted are exact copies of unaltered original documents and I understand that I may be required to submit original documents to an immigration or consular official at a later date.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name in full)

\_\_\_\_\_

\_\_\_\_\_  
(address)

## I-129 EXPORT CONTROL CERTIFICATION

The following information will be used to determine if an export license is required from the U.S. Department of State or the U.S. Department of Commerce for the visa beneficiary during his/her period of employment at UCLA. Please email questions about this form to [export.controls@research.ucla.edu](mailto:export.controls@research.ucla.edu). **This certification should be completed and signed by the individual who will be supervising the visa beneficiary.**

### 1. VISA BENEFICIARY INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Visa Extension? \_\_\_\_ Y \_\_\_\_ N

UCLA Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

### 2. PRINCIPAL INVESTIGATOR/SUPERVISOR INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. WILL THE VISA BENEFICIARY BE WORKING IN ONE OF THE FOLLOWING AREAS?

- David Geffen School of Medicine
- Division of Life Sciences
- Division of Physical Sciences
- Henry Samueli School of Engineering and Applied Science
- Jonathan and Karin Fielding School of Public Health
- School of Dentistry
- School of Nursing

**YES** (proceed to page 9)

**NO** (Please sign and date this form below, and submit with the rest of the H-1B documents to the Dashew Center)

I am familiar with the job duties and other particulars of employment of the visa beneficiary and hereby affirm that the contents of the foregoing certification are true to the best of my knowledge, information, and belief. I further understand that failure to accurately complete this questionnaire can result in U.S. government export control violations for which civil and criminal penalties can be assessed against any individual (including a Principal Investigator) found to have caused or facilitated a violation, and/or against the University of California.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the response to Section 3 is YES, please complete Sections 4-7 and email pages 7-9 as an attachment to [export.controls@research.ucla.edu](mailto:export.controls@research.ucla.edu). Please include the visa beneficiary's name and visa type in the email subject line. The certification will be reviewed, signed and dated, and returned to you for submission with the rest of the H-1B documents to the Dashew Center.

4. BENEFICIARY WILL BE PARTICIPATING IN WORK SUPPORTED BY (MARK ALL THAT APPLY):

- Grant/Contract      Fund #: \_\_\_\_\_ Sponsor: \_\_\_\_\_  
Fund #: \_\_\_\_\_ Sponsor: \_\_\_\_\_  
Fund #: \_\_\_\_\_ Sponsor: \_\_\_\_\_
- University funds      FAU(s): \_\_\_\_\_ Sales & Service?    \_\_\_ Y \_\_\_ N
- Other      FAU(s): \_\_\_\_\_

5. JOB DUTIES (MARK ALL THAT APPLY):

\_\_\_ Research      \_\_\_ Teaching      \_\_\_ Administration      \_\_\_ Clinical Services      \_\_\_ Other

6. BENEFICIARY WILL BE PROVIDED ACCESS TO THE FOLLOWING IN THE PERFORMANCE OF HIS/HER JOB DUTIES (MARK ALL THAT APPLY):

- \_\_\_ Export controlled technology or technical data
- \_\_\_ Confidential or proprietary information from a sponsor or third party
- \_\_\_ Equipment specifically designed or developed for military or space applications

7. PRINCIPAL INVESTIGATOR/SUPERVISOR ATTESTATION (MARK ALL THAT APPLY)

- I certify that the research agreement (e.g., grant or contract) on which the visa beneficiary will be working does not restrict or prohibit the participation of foreign persons in the project.
- I certify that the research agreement (e.g., grant or contract) on which the visa beneficiary will be working does not restrict or prohibit the research team's right to publish any of the data or research results.
- I certify that the visa beneficiary will **NOT** be provided access to:
- Technical information that has been designated "export controlled";
  - Sponsor or third-party proprietary or confidential information, materials, or software; or
  - Encryption source code.
- I certify that the visa beneficiary will **NOT** be provided access to equipment specifically designed or developed for military or space applications.

I am familiar with the job duties and other particulars of employment of the visa beneficiary and hereby affirm that the contents of the foregoing certification are true to the best of my knowledge, information, and belief. I further understand that failure to accurately complete this questionnaire can result in U.S. government export control violations for which civil and criminal penalties can be assessed against any individual (including a Principal Investigator) found to have caused or facilitated a violation, and/or against the University of California.

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



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**EXPORT CONTROL REVIEW**

I have reviewed the submitted information and recommend that the following box be checked on Form I-129, Part 6, Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States:

- 1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
  
- 2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

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**Export Control Officer**  
UCLA Research Policy & Compliance

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**Date**