H-1B Job Description

Please complete	this form based o	n the <i>minimum</i> re	quirements for the	e job, <u>NOT</u> the qua	lifications of the applicant.
Name of Appl	icant				*PERS#
Create in HRMS	or once PeopleSoft I	HCM is implemented,	, leave blank and we	will obtain and sha	re this number.
epartment _			Job Title		
linimum Degre	e Required to Qua	llify for Job Intervi	ew		
rea of Specializ	ation for Degree (ex. Biochemistry,	Biology)		
linimum Years	of Experience to (Qualify for Position	1		
oes this positio	on provide full sup	ervision to any otl	her position? Y	es	No
so, how many					
etailed Technic	cal Description of	Iob Duties: <i>(Attach</i>	ı additional page if	necessarv)	
			vill work? If time	-	ween various locations,
T outhwestern	Parkland	St. Paul	VAMC	Zale Lipshy	Other Facilities:
%	%	%	%		Provide name, dates of employment, contact information, and % time on page (2) of this form
roposed Sala	arv		Dept. FED-EX	Account #	
			-or- PeopleSoft Dept. ID & Subledger Number:		
tart Date End Date			Dates for which H-1B is to be sponsored:		
ame of Superv	isor of Position			Title of Supervise	
upervisor Signature				Title of Supervise	or
upervisor sign	ature				
				Date	

Please complete the information requested below for each off-site location at which the H-1B employee will work while paid by U.T. Southwestern under this H-1B visa petition.

Facility Name and Address	Contact Person Name,	Dates of Off-Site	Percentage of Total Work
	Phone, Email Address	Employment (if known)	Time (if known)
Facility Name and Address	Contact Person Name,	Dates of Off-Site	Percentage of Total Work
	Phone, Email Address	Employment (if known)	Time (if known)
Facility Name and Address	Contact Person Name,	Dates of Off-Site	Percentage of Total Work
	Phone, Email Address	Employment (if known)	Time (if known)
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	Phone, Email Address	Employment (if known)	Time (if known)
Facility Name and Address	Contact Person Name,	Dates of Off-Site	Percentage of Total Work
	Phone, Email Address	Employment (if known)	Time (if known)