

H-1B Change of Employer Petition Information

Full Middle Name

Given Name (First Name)

A. Beneficiary Information

Family Name (Last Name)

All Other Names Used (include aliases, maiden name and names from all previous marriages) Gender								
E-mail Address	U.S. Social Security N	lumber (<i>if any</i>)	A-Numb	er (<i>if any</i>)				
Date of Birth (mm/dd/yyyy)	Country	of Birth	Province of Birth		County of Citizenship			
If in the United States, complete th	ne follow	ving: (Note: You can retri	eve your current I-	94 <u>here</u>)				
Date of Last Arrival (mm/dd/yyyy) I-94	Number		Current Nor	Current Nonimmigrant Status			
Data Status Fusings (same /dd/uuu	.) CEV	UC Novembra w / if avery		EAD Nives by	EAD Number (if any)			
Date Status Expires (mm/dd/yyyy	/) SEV	IS Number (<i>if any</i>)		EAD NUMBE	er (ij uriy)			
Passport Number		Date Passport Issue	d (<i>mm/dd/yyyy</i>)	Date Pas	sport Expires (mm/dd/yyyy)			
Current U.S. Address (if applicable	e)							
Home Phone Number			Mobile Phone Nu	ımhar				
Home Phone Number			Wiodile Phone Nu	imber				
If currently outside the United State petition is approved:	tes or wi	ll be at the time of an ap	pproval, state the U	I.S. consulate	you want notified if the new			
Consulate Address (City)		Foreign Country						
Your Foreign Address								
B. Academic Credentials. List all	l earned	or anticipated college ar	nd/or university deg	grees.				
Type of Degree (e.g., PhD, MS, BS	S) Fie	eld of Study (e.g., Compu	ter Science)					
School Name			City, Country		Date Completed (mm/dd/yyyy)			
Type of Degree	Eic	eld of Study						
Type of Degree	FIE	id of Study						
School Name			City, Country		Date Completed (mm/dd/yyyy)			
Type of Degree	Fie	eld of Study						
School Name			City, Country		Date Completed (mm/dd/yyyy)			



C.	H-1B History – The H-1B visa is valid only for six years unless you have an approved I-140. Below please list each H-1B
	approval you have received (starting with your initial H-1B approval) along with the valid to and from dates list on the I-
	797 H-1B approval.

Initial/Amend/Extend	Valid From (mm/dd/yyyy)	Valid To (mm/dd/yyyy)	Receipt Number
(Example) Initial	(Example) 1/1/2018	(Example) 12/31/2020	(Example) WAC123456789
	• 10/01/2016		

D. Immigration History. List <u>any U.S.</u> visa status you have held and exact dates you have ever entered and departed the U.S. Please start from the beginning and work your way down to the present. (*Provide attachment if necessary.*)

Visa Status	Valid From (mm/dd/yyyy)	Valid To (mm/dd/yyyy)	Date Entered U.S.	Date Departed U.S

E. Travel Information - If you intend on travelling internationally within the next 6 months please provide an approximate departure and return date. Please note international travel while your petition is pending with USCIS is not advised.

Departure	Return

F. Green Card Information

Has your current employer, or any former employer, ever filed a PERM (Form 9089) application for you?					
Has your current employer, or any former employer, ever filed an I-140 application for you?					
I-140 Receipt Number	Priority Date	EB Preference Category			



G. Dependent Information. If you are married and/or have unmarried, dependent children under the age of 21, who are currently inside the U.S., who need visa sponsorship for H-4 status, please provide the following information:

Family Name (Last Name)		Given Na	me (<i>First Na</i>	me)	F	Full Middle Name			Relation to Beneficiary
Current U.S. Address (if diff	erent	from your	own)						
Foreign Address (if differen	t from	vour own	1						
Toreign Address (ij dijjeren	t ji Oili	your own							
Date of Birth (mm/dd/yyyy))		Country W	here Passpo	rt	Issued	Expir	ation Da	ate (<i>mm/dd/yyyy</i>)
(,						(
Country of Birth	Coun	try of Citiz	enship	U.S. Social	Se	curity Number (if a	any)	A-Num	ber (if any)
Date of Last Arrival (mm/do	1/уууу) I-94 Nι	ımber			Current Nonimm	igrant	Status	Expires on (mm/dd/yyyy)
E-mail Address					Da	ytime Phone Num	ber		
Family Name (Last Name)		Given Na	me (<i>First Na</i>	me\	F	ull Middle Name			Relation to Beneficiary
Talling Name (Last Name)		GIVEII IVA	ine (mat iva	mej	Ė	an ivildate ivanic			nelation to beneficiary
Date of Birth (mm/dd/yyyy))		Country W	here Passpo	rt	Issued	Expir	ation Da	ate (mm/dd/yyyy)
, , , , , , , , , , , , , , , , , , , ,			,	<u> </u>					, , , , , , , , , , , , , , , , , , , ,
Country of Birth	Coun	try of Citiz	zenship U.S. Social Security Number (<i>if any</i>) A-N		A-Num	ber (if any)			
Date of Last Arrival (mm/dd/yyyy) I-94 Nu		ımber		Current Nonimmigrant Status		Expires on (mm/dd/yyyy)			
Family Name (Last Name)		Civon No	ma (First Na	mal	Г	ull Middle Name			Relation to Beneficiary
Family Name (Last Name)		Given Na	me (<i>First Na</i>	mej	Г	un Middle Name			Relation to beneficiary
Date of Birth (mm/dd/yyyy)			Country Where Passport I		t Issued Expiration [ration Da	Date (<i>mm/dd/yyyy</i>)	
2000 01 211 011 (11111) 000,77777						1550.50	2/10/11	40.01.20	,, , , , , , , , , , , , , , ,
Country of Birth	Coun	try of Citiz	enship	U.S. Social	Se	curity Number (<i>if a</i>	any)	A-Num	ber (if any)
Date of Last Arrival (mm/do	d/yyyy) I-94 Nu	ımber			Current Nonimm	igrant	Status	Expires on (mm/dd/yyyy)
				,	_				
Family Name (Last Name)		Given Na	me (<i>First Na</i>	me)	F	ull Middle Name			Relation to Beneficiary
Date of Birth (mm/dd/yyyy)	\		Country W	horo Daceno	rt	Issued	Evni	ration Da	ato (mm/dd/mm)
Date of Birth (mm/dd/yyyy)			Country w	here Passpo) T L	issueu	Expii	ation De	ate (<i>mm/dd/yyyy</i>)
Country of Birth	Coun	try of Citiz	enshin	IIS Social	Se	ecurity Number (if a	(עמי	Δ-Num	ber (if any)
Country of Billin	Court	ici y or citiz	.c.isinp	3.3. 30ciai	50	iounity Hamber (I)	71191	/ IVall	
Date of Last Arrival (mm/dd/yyyy) 1-94 Number Current Nonimmigrant Status Expires on (mm/dd/y				Expires on (mm/dd/yyyy)					
<u> </u>	,								



H. Position Information

Perficient Job Title (e.g., Technical Consultant	Business Unit (e.g., IBM BPMS)	Annual Salary				
General Manager:	Perficient Supervisor Name and Job Tit	e Remote or Onsite Supervision?				
Client's Legal Name (e.g., Urban Outfitters, Ir	c.)					
Anticipated Date to Join Project:						
1. Please confirm the start date of you	current project:					
Worksite Location(s) (e.g., EVERY physical str						
etc.). Please also indicate the approximate nu	mber of day(s) per month expected to be at	each worksite address.				
1.						
2.						
3.						
4.						
5.						
Job Description – Please be as detailed as pos	sible					
Project Team Members (e.g., list of <u>all Perfici</u>	ent employees assigned to this project – prov	vide attachment if more than 10 project				
team members).						
Name Perfic	cient Job Title Immigration	Status Project Manager				
Will this petition be filed with Premium Pro	cessing? (Immigration Team Use Only)					
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For Immigration Team Use Only



PERFICIENT H-1B CHECKLIST

Change of Employer

Employee Name:

1.	DOCUMENTS FROM THE EMPLOYEE
	H-1B worksheet Sent to Employee: Sent to Attorney:
	Project itinerary Sent to Employee: Sent to Attorney:
	Address from worksheet and itinerary match
	Most recent resume Sent to Attorney:
	Job Offer Sent to Attorney:
	I-797A Sent to Attorney:
2.	DOCUMENTS FROM BUSINESS COORDINATOR
	Copy of fully executed SOW Requested: Sent to Attorney:
	Copy of MSA Requested: Sent to Attorney:
	Invoice history with Client Requested: Sent to Attorney:
	Copies of most recent invoices to Client Requested: Sent to Attorney:
	Name of all EEs working on the project Requested: Sent to Attorney:
	Copies of approved timesheets for EE and all other team members on the project. Requested: Sent to Attorney:
3.	MISC.
	Premium Processing Yes: No:
	LCA Filed: LCA Posted: LCA Posting Removed: Signature Page Received:
	Supervisor Letter Requested: Sent to Attorney:
	Employee List Sent to Attorney:
	Employee paystubs Sent to Attorney:
	Payroll Summary Sent to Attorney:

Notes

Date Case Received: Date Sent to USCIS: