THE UNIVERSITY OF TEXAS AT ARLINGTON

TCE-INTL-02
1225 W. Mitchell St., Ste. 212 Arlington, TX 76019
T 817-272-5554 F 817-272-3361 uta.edu/hr

International Faculty Sponsorship Justification and Approval

▶ *This form should be used for international candidates, and current employees who will now or in the future require sponsorship of their work authorization to be legally authorized to work at UTA.*

A. Requestor

Requestor Name _____

Requestor Title _____

Request Date _____ College/Department _____

Department Chair _____

Department Administrative Contact _____

B. Request Type

Position Type: ◯ Tenured/Tenure Track Faculty ◯ APT Faculty ◯ Postdoc

Sponsorship Needed:

◯ Change of Status (Changing from one visa type to another)

◯ Change of Employer (Same visa type, new employer)

◯ New Sponsorship (No visa held, and is outside the US)

Employment Status: ◯ Candidate ◯ Current Employee

C. Position Information

Desired Start Date (if Candidate) _____ Search Chair _____

Appointment Title _____ Salary Offered _____

Brief Position Summary

D. Recruitment Summary

Posting Date_____ Posting Number _____ Number of Days Posted _____

Where is the job posted? (Job boards, professional organizations, etc.) _____

Total Number of Applicants _____ Number of Applicants Interviewed _____

Were there qualified U.S. candidates? ◯ Yes ◯ No

▶ *If YES, why were they not selected? Explain if there are specific gaps in qualifications, experience, or skills.*

E .Justification

▶ *The following questions are required.*

1.What differentiates this candidate from other applicants in terms of overall qualifications and fit?

2. What are the highly specialized skills, knowledge, or experience the selected candidate brings?

3. Why are these qualifications critical to the role?

4. What recruitment efforts were made to identify a U.S. based candidate with these qualifications?

F. Candidate Information

Legal First Name _____

Legal Last Name _____

Email _____ Phone _____

Highest Degree Held _____ Current Visa Status _____

If J-1, is there a homestay requirement? ◯ Yes ◯ No

Visa Start Date _____ Expiration Date _____

Include any notes or additional information the candidate has shared about their visa status.

G. Department Chair Approval

▶ *This section does not guarantee sponsorship. It indicates the request for a sponsorship recommendation.*

Department Chair Decision: ◯ Approve ◯ Decline

Department Chair Name _____

Signature _____ Date _____

Comments ▶ *Comments must be provided if "Decline" is selected.*

H. Dean/VP Approval

▶ *This section does not guarantee sponsorship. It indicates the request for a sponsorship recommendation.*

Dean or VP Decision: ◯ Approve ◯ Decline

Dean/VP Name _____

Signature _____ Date _____

Comments ▶ *Comments must be provided if "Decline" is selected.*

I. Routing

▶ *Stop here. Route all requests to AHR@uta.edu to request the necessary review.*

J. Provost or Delegate Review

Provost or Provost Delegate Decision: ◯ Approve ◯ Decline

Provost or Provost Delegate Name _____

Provost or Provost Delegate Title _____

Signature _____ Date _____

Comments ▶ *Comments must be provided if "Decline" is selected.*

▶ *AHR will route the form to TCE at internationalemployent@uta.edu.*

K. TCE International Employment Recommendation

Work Authorization Recommendation

Option 1 Visa Type _____ Estimated Costs _____

Timing _____

Notes _____

Option 2 Visa Type _____ Estimated Costs _____

Timing _____

Notes _____

Permanent Residency Sponsorship Recommendation

Option 1 Case Type _____ Estimated Costs _____

Timing _____

Notes _____

Option 2 Case Type _____ Estimated Costs _____

Timing _____

Notes _____

International Employment Coordinator (Reviewer)

Name _____ Review Date _____

Signature _____ Date _____

▶ *TCE will route the form to the Department Chair and copy AHR@uta.edu on the decision.*

L. Department Decision

▶ *Please read carefully before signing.*

- I understand that the International Employment Coordinator cannot guarantee the outcome of any case, and the department will not make any such guarantees to the employee. UTA reserves the right to terminate employment should the employee's services no longer be required.
- I understand the salary offered must meet or exceed the prevailing wage set forth by the Department of Labor and be higher than the lowest actual wage paid to all employees in the department with this job title and with similar qualifications and experience. The International Employment Coordinator has reviewed and confirmed that the salary listed above is in line with the current prevailing wage.
- By signing this document, I certify that the Department I represent has the funds available for sponsorship. I understand that by signing this document, I certify that it is in the best interest of the Department I represent and The University of Texas at Arlington to proceed with visa sponsorship.

Department Chair Decision: ◯ Approve ◯ Decline

Work Authorization: ◯ Option 1 ◯ Option 2

Permanent Residency Authorization: ◯ Option 1 ◯ Option 2

Cost Center to be Charged _____

Department Chair Name _____

Department Chair Signature _____ Date _____

▶ *Return this form to internationalemployment@uta.edu and AHR@uta.edu. This case will not be initiated unless this form is returned to TCE International Employment and AHR.*