Department Request Form for O-1 Status
For Extraordinary Ability International Employee

1. Check One: ○ Extension (TSRI employee on O-1) ○ Transfer (O-1 from other employer)

2. Employee Name: _____
(Last) (First) (Middle)

3. Hiring Department: _____ 4. Job Title: _____

5. Is this a full-time position? ○ Yes ○ No 6. Annual Salary: _____

7. Funding Source(s): _____

Note: An O-1 employee must receive wages (cited in item #6) directly from TSRI.

8. Anticipated dates of employment: _____/_____/_____ to _____/_____/_____ (up to 3 years)

9. Location(s) of Job Site(s): _____

10. Highest academic degree awarded, field of study, and year: _____

11. **Job Description**: **Send an email to tsriglobal@scripps.edu, with employee name & job title in subject line,** containing a full description of duties including specific scientific techniques to be utilized, a combination of scientific and layman's description of the research project including the overall relevance to medical science.

12. **For O-1 Extensions –** Submit a one page statement to explain reason(s) why an extension is requested. Please include an update on O-1 research activity of the past 3 years and detailed schedule of scientific events planned for extension period.

13. **Filing Fees**: **Each fee must be on a separate check made out to "Department of Homeland Security".**

Standard processing fee - $320 – **MANDATORY**
Premium processing fee - $1000 – **OPTIONAL,** consult the International Office

14. **Return *together* to the INTERNATIONAL OFFICE, TPC-18**

1) This Request Form,
2) O-1 Beneficiary Information Form with all accompanying documents, and
3) TSRI check(s)
4) Email the job description at your earliest convenience

15. We agree to offer to pay reasonable costs of return transportation to the O-1 employee's last place of foreign residence if s/he is dismissed for any reason before the end of the authorized period of O-1 employment.

I HAVE READ AND AGREE TO THE STATEMENT ABOVE.

_____	_____	___/___/_____	_____
Name & Title of Lab Director / P.I.	**Signature**	**Date**	**Ext.**
_____	_____	_____	
Name of Lab Administrative Assistant	**Ext.**	**Email**	
_____	_____	_____	
Name of person completing this form	**Ext.**	**Email**	