

# Instructions for completing Form I-129

The I-129 is used for many non-immigrant petitions. The University uses the I-129 for H-1B petitions, O-1 petitions, TN and E-3 extensions (inside the U.S.), and TN and E-3 change of status petitions (inside the U.S.). **The instructions for Parts 1-9 apply to all the petitions the University files. Parts 1-9 are located on pages 1-8 of the I-129.** In addition, please complete the following for the appropriate type of petition you are filing:

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- **E Classification Supplement** must be completed in addition to Parts 1-9 when filing an **E-3** application with the appropriate changes being made to Parts 1-9. The E Classification Supplement can be found on pages 9-10. E-3 status is for Australian nationals only.
  - **Trade Agreement Supplement** must be completed in addition to Parts 1-9 when filing a **TN** application with the appropriate changes being made to Parts 1-9. The Trade Agreement Supplement can be found on pages 11-12. TN status is for Canadian and Mexican citizens only (not landed immigrants or permanent residents).
  - **H Classification Supplement** must be completed in addition to Parts 1-9 when filing an **H-1B** application with appropriate changes being made to Parts 1-9. The H Classification Supplement can be found on pages 13-14. You only need to complete Questions 1-7.b. and all of Section 1. Sections 2-3 do not apply. H-1B status is for foreign nationals who will perform services (work) in a specialty occupation.
  - **O and P Classification Supplement** must be completed in addition to Parts 1-9 if you are filing an **O-1** petition with the appropriate changes being made to Parts 1-9. The O and P Classification Supplement can be found on pages 26-28. O-1 status is for Aliens of Extraordinary Ability in the sciences, arts, education, business or athletics.

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## Part 1. Petitioner Information.

1. Leave as is. Do not put your employee's name here! They are not the petitioner, the UW is.
2. Leave as is. Do not add or subtract any information.
3. Leave as is. Do not add or subtract any information.
4. Leave as is. Do not add or subtract any information.
5. Leave as is. Do not enter the beneficiary's social security number or tax identification number.

## Part 2. Information about this petition.

1. Leave H-1B in the box. (Change to TN, O-1 or E-3 as applicable).
2. Basis for Classification
  - Check (a) "new employment" if the individual is either outside the U.S. and holds no classification, **OR** if s/he is inside the U.S. but in a different non-immigrant status (such as F1, J1, TN, etc.).
  - Check (b) "continuation of previously approved employment without change with the same employer" if the individual will continue working for the same department in H-1B status with the same title, the same duties, the same salary (except for annual merit increases) and the same percentage of employment. If the title change is based on a standard progression in the same title series (Assistant Scientist to Associate Scientist), you can still check this box.
  - Check (c) "change in previously approved employment" if there is a non-material change in the terms and conditions of his employment. According to USCIS, an example of a non-material change would be that the individual is changing job titles but not changing their job duties.
  - Check (d) "new concurrent employment" if individual is already working on an H-1B for another employer AND he will continue working on that H-1B while working at UW- Madison on an H-1B.
  - Check (e) "change of employer" if already working on an H-1B for another employer and will

- NOT work for that employer once they begin working for UW-Madison (aka Portability).
- Check (f) “amended petition” if there is a material change in the terms and conditions of the employment. Some examples of material changes are changing from one UW department to another, working for the University at another location, changing job duties or other such changes to the terms and conditions of a previously approved petition. This is not an all-inclusive list; if any terms and conditions of their employment changes, please contact IFSS immediately. *\*If you are unsure whether this an amended petition, please complete the Amended Petition Determination form on our website: [https://www.ohr.wisc.edu/ifss/imminfo/H-1B/H-1B\\_amend.pdf](https://www.ohr.wisc.edu/ifss/imminfo/H-1B/H-1B_amend.pdf).*
3. Provide the most recent petition/application receipt number for the beneficiary. Put receipt number of current H-1B approval notice (Form I-797A). Do not use dashes (-). If not currently in H-1B status, type None in the blank. (Ex: The receipt number is on the top left of a USCIS form generally. It looks like this WAC-11-123-12345. When typing into the form it should look like this WAC1112312345)
  4. Requested Action:
    - Check (a) “notify the office in Part 4...” if the individual is currently outside the US and will be going to a US Consulate or Embassy to obtain an H-1B visa stamp for entry into the US **OR** if the individual will be leaving the US after we have filed the petition and will apply for a new visa before returning to the US.
    - Check (b) “change the status and extend the stay...” if the individual is currently in the US in another non-immigrant status such as J1, F1, TN, etc.
    - Check (c) “extend the stay” if the individual is already in H-1B status and you want to extend his stay beyond the current expiration date of his H-1B approval notice. You can extend the stay and change something about the terms and conditions of the H-1B status in the same petition.
    - Check (d) “amend the stay” if the individual is already an H-1B but you are changing something about their employment but NOT extending their stay beyond the end date of his current H-1B approval notice. (For example, if the individual is currently a research associate in your department with an H-1B valid until 06/30/2017 but you want to change his title to an assistant researcher now but you do not want his assistant researcher appointment or H-1B to be valid beyond 06/30/2017.)
    - Check (e) only if the individual is already in the U.S. in TN status already and you want to extend his/her stay beyond the current expiration date on his I-94 card.
    - Check (f) only if the individual is already in the U.S. in a different non-immigrant status such as J1, F1, H1B, etc. and wishes to change to TN status.
  5. Leave “1” in the box. Do not add or subtract any information.

### Part 3. Beneficiary Information

1. Leave as is. Do not put your employee’s name here.
2. Type the beneficiary’s name exactly as it appears in the individual’s passport.
3. All other names: Include maiden name(s) or an anglicized name, if your beneficiary uses one for publications, or goes by another name or shortened name.
4. Other information:
  - Date of birth. Must be in mm/dd/yyyy format. Most countries use the format of dd/mm/yyyy on their passports. If needed, clarify with the beneficiary their birth date.
  - Gender. Check the appropriate box. Please verify with the passport.
  - Social Security Number. Do not include dashes (-). If beneficiary does not have one, leave blank.
  - Alien Registration Number—leave blank. Do not use A# on EAD card.
  - Country of birth. Information provided on Beneficiary Information Form.
  - Province of birth. If there is no province of birth, type None. This section does not allow for

spaces. Type two word provinces as “NovaScotia”.

- Country of citizenship. The country of citizenship must match the passport.

5. If the beneficiary is in the United States, complete the following:

- Date of Last Arrival (found on Form I-94). NOTE: Make sure the date is in mm/dd/yyyy format.
- I-94 number. Copy exactly from I-94. Do not include spaces or dashes (-).
- The employee can obtain their I-94 online at [www.cbp.gov/i94](http://www.cbp.gov/i94).
- Passport or Travel Document Number. Copy exactly from passport.
- Date passport was issued. NOTE: Make sure the date is in mm/dd/yyyy format.
- Date passport expires. NOTE: Make sure the date is in mm/dd/yyyy format.
- Passport Country of Issuance. Must match the passport. Will NOT be United States.
- Current Nonimmigrant Status. This is a drop down box. Select from the following (do not use any other options). If none of these match the beneficiary’s status, please call IFSS:

**DO NOT** choose the very first drop down selection of “1B1 - H-1B1 SPECIALITY OCCUPATION”

- B1 – Temporary Visitor for Business
- B2 – Temporary Visitor for Pleasure
- E3 – Australia Free Trade Agreement
- F1 – Student – Academic
- F2 – Spouse-Child of F-1
- H1B Specialty Occupation
- H4 – Sps or chld of H1, H2, H3 or H2R
- J1 – Exchange Visitor – Others
- J1S – Exchange Visitor – Student
- J2 – Spouse-Child of J-1
- J2S – Spouse-Child of J-1S
- O1 – Alien w-extraordinary ability
- O1A – Extraordinary Alien – Non-Arts
- O1B – Extraordinary Alien in Arts
- O3 – Spouse-Child of O-1, O-2
- TD – NAFTA Dependent
- TN1 – NAFTA Principal (Canada)
- TN2 – NAFTA Principal (Mexico)
- WB – Visitor for Business – VWPP

**\*\*NOTE:** OPT is not a status, F1 is the status.

- Date Status Expires. NOTE: This has changed. The date the status expires is on the individual’s I-94 card or the date on the individual’s most recent approval document (whichever is earlier). It will either be a date certain (for H-1Bs, TNs, E-3s, and O-1s) or D/S which means duration of status (for F-1s and J-1s). It is now acceptable to list D/S for J-1s and F-1s since that is what is on their I-94 cards. The form does not allow for D/S to be typed into the form. Please either print in black ink D/S once printed or leave blank and IFSS will enter that for you.
- SEVIS number. This number will be filled in for individuals currently in F1, F2, J1 and J2 statuses ONLY. Found on the I-20 or DS-2019 in the upper right hand corner and begins with “N”. If the individual is in H-1B status, type N/A or None in this box.
- Employment Authorization Document (EAD) number
  - The number is the card #. It starts with 3 letters (ex: LIN, WAC, EAC, SRC, MSC) and is followed by 10 digits.
  - If s/he does not have an EAD card, type N/A or None in this box.
  - The most common reasons why an individual would have an EAD card and an EAD number is if s/he is an F-1 on OPT or a J-2. If there are other circumstances where

s/he may have an EAD card, please contact IFSS.

6. Current Residential U.S. address. If beneficiary is outside the U.S, leave blank. If beneficiary is in the U.S. see instructions below:
  - Street Number and Name – form only allows letters, numbers, spaces and slash. Characters in this space are limited-abbreviate as necessary to fit as much as possible.
  - Apt/Ste/Flr – only check if appropriate
  - Number – will only allow you to enter information if you checked Apt/Ste/Flr.
  - City or Town
  - State – use dropdown menu to select
  - ZIP code – only 5 digits allowed

#### **Part 4. Processing information.**

1. If the individual is currently outside the US or will be traveling and will need a new visa to re-enter the U.S., enter the city and country of the US Embassy or Consulate where he will be applying for his H-1B visa stamp. Also enter a complete foreign address. The address can be a friend or relative's address if he does not have an address in the country where he will be applying for his visa stamp.
  - \*If the individual is in the U.S., you can leave question 1 blank.
2. Answer accordingly.
3. This question is asking about petitions **other than** I-539 petitions for dependents. Most of the time this box is marked NO.
4. Answer accordingly. Most of the time this box is marked NO.
5. Check YES if filing the I-539 application for the H-1B's spouse and/or children who are currently inside the United States with the I-129. The dependent(s) complete and sign the I-539. The number in the box does not include the H-1B himself.  
Check NO if the family is outside the US; the dependents do NOT need to complete an I-539. They will get their H4 visas when they go to the US Embassy/Consulate.
6. Answer accordingly.
7. This question is asking if the sponsoring UW department has filed a permanent residency petition for this individual. Having filed the Labor Certification does not mean the University has filed a permanent residency petition. The University must have filed the I-140 to be able to check YES to this question.
8. Answer accordingly. If you answer YES to a or b, go to page 8, part 9, and list Page 4, Part 4, Item Number 8a or 8b (whichever is appropriate) and explain further on the lines provided. If you have questions on language to use here, contact IFSS.
9. This question is asking if the UW or the department has filed an H-1B petition for this person in the past. If you answer YES, then on page 8, part 9, please type: "The University of Wisconsin-Madison filed previous I-129's:" and then list all the receipt number(s) of the previous H-1B petitions (should be in this format: WAC-xx-xxx-xxxxx).
10. Leave blank since we are not filing a petition for an entertainment group.
11. a. Answer accordingly. The individual does not need to currently be in J1 or J2 status to answer this question YES. If, at any point, if he was ever a J1 or J2, we need to check YES.  
b. Answer accordingly. The dates of the J1 or J2 status are listed on the IAP-66 or DS-2019 forms. Additionally, we must provide USCIS copies of all previous J1 or J2 IAP-66 forms or DS-2019 forms.

#### **Part 5. Basic information about the proposed employment and the employer.**

1. Job Title: Use the official University title and not a working title.
2. LCA or ETA case number: Found on the bottom of each page of the Labor Condition Application. It begins with I-200-XXXXX-XXXXXX (or I-203 for E3s). IFSS will generate the LCA

after receiving the prevailing wage determination. If you know the LCA number, please enter it here. If not, IFSS will enter the LCA case number for you.

3. Address where the beneficiary will work: List street address only NOT campus address (not 123 Bascom Hall, but 500 Lincoln Dr.)
4. Is an itinerary included with the petition: Answer NO.
5. Will the beneficiary work off site? Off-site means they are not working on the UW- Madison campus. If they are not working at Madison, we have to get the prevailing wage for the location where they will be working. Most of the time the answer is NO. If you think the answer is YES, please contact IFSS.
6. Will the beneficiary work exclusively in the CNMI (Commonwealth of the Northern Mariana Islands)? Answer NO.
7. Is this a full time position? Answer accordingly.
8. If part-time, answer how many hours per week (based on a 40 hour work week; do not list a range).
9. Wages: If full time, put annual rate in first space and "year" in second space. If part time, list hourly wage (annual rate x percentage/2080) in the first space and "hour" in the second space. Do NOT use weekly or monthly salary rates.
10. Other compensation: Leave as "Standard Fringe Benefits."
11. Dates of intended employment:
  - These dates are the dates you want to employ the individual in H-1B status on this petition.
  - The start date cannot be a date in the past.
  - If he is already working for the department in another status, the start date can be any day up to the date his current status ends as the start date. For example, his OPT expires 08/31/2017 so the dates of intended employment on this H-1B could be any day from now until 09/01/2017.
  - If your individual is in the US in another status but has travel plans in the next 6 months, please contact IFSS to determine the start date of the H-1B and if consular notification should be done.
  - The dates of intended employment can be for any period of time up to 3 years at a time. There is no minimum length of time an individual can be on an H-1B.
  - If your individual is outside the US, the start date should take into consideration the time it takes to get the visa stamp and enter the US.
  - Call IFSS if you need help determining the dates.
12. Leave as is.
13. Leave as is.
14. Leave as is.
15. Leave as is.
16. Leave as is.

#### **Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States.**

Please ask the Principal Investigator (PI) to complete the [Export Control Assessment Form](#) or whoever knows best the intended work of the employee. If he/she has questions about the form, please direct the questions to Bethany Nelson or Tom Demke, the University's Export Control officers. They can be reached at 261-1128 or [exportcontrol@grad.wisc.edu](mailto:exportcontrol@grad.wisc.edu). **Once the Export Control Assessment Form is completed, send it to IFSS.** We will work with Tom and Bethany to complete the final review of the Worksheet. We will confirm that the correct box is checked on the I-129 once we have the form signed by both the PI and Tom.

#### **Part 7. Signature.**

1. A representative from IFSS will sign here.

2. Leave as is.
3. Leave as is.

**Part 8. Signature of person completing the form, if other than above.**

Leave blank.

**Part 9. Explanation Page.**

1. Leave blank.
- 2-4. Complete as appropriate if any questions in Part 4 were answered YES.

If you need additional space, print an additional page 8.

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For appropriate supplement pages, see next page.

For appropriate supplement pages, see below:

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**E Classification Supplement (pages 9-10). FOR AUSTRALIANS ONLY**

1. Type beneficiary's name in Question 2. Nothing else needs to be completed on these pages.

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**TN Classification Supplement (pages 11-12). FOR CANADIANS AND MEXICANS ONLY**

1. Leave as is.
2. Type beneficiary's name in this format: LAST NAME, First name (as it appears on the passport)
3. Leave as is.
4. Not applicable. Leave as is.

**Section 1: Information about requested extension or change**

1. Check "a" if individual is from Canada; check "b" if individual is from Mexico.

**Section 2: Petitioner's signature.**

1. A representative from IFSS will now sign here.
2. Leave as is.
3. Leave as is.

**Section 3: Signature of person completing the form, if other than above.**

Leave blank.

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**H Classification supplement (pages 13-14). FOR WORKERS IN A SPECIALTY OCCUPATION (H-1B ONLY)**

1. Leave as is.
2. a. Type beneficiary's name in this format: LAST NAME First name (as it appears on the passport)
  - i. NOTE: you won't be able to put a comma so just put a space.b. Leave as is.
3. List the dates the individual has actually been physically inside the US in H-1B status in the past 6 years.
  - Type subject's name in this format: LAST NAME, First name.
  - Do NOT list the dates of the approval notices.
  - Specific dates must be listed.
  - Travel dates listed from the CBP website should be verified by the beneficiary.
  - For example, employee's first day in H-1B status was 09/01/2009. He went home for the holidays, left the US on 12/21/2009 and returned to the US on 01/15/2010 and he hasn't left since. Complete this section as follows:
    - 09/01/2009-12/21/2009
    - 01/15/2010 to Present
  - We do NOT need travel dates of H-4 dependents.
4. Leave as is.
5. Leave as is.
6. Leave as is.
7. a. Leave as is.
  - b. Leave blank.

**Section 1: Complete this section if filing for H-1B Classification**

1. Type a description of the duties or “See attached Position Vacancy Listing”.
  - If the letter of offer or appointment letter specifically lists the duties, then type “Please see attached letter of offer.”
  - If there is a PVL for this individual, you can type “Please see attached position vacancy listing.” Be sure to send a copy of the PVL with the supporting documents to IFSS.
  - If there is no PVL (ex: employees in training) and the offer letter does NOT list the duties, then type a short description of the duties here.
2. Leave as is.

**Statement for H-1B Specialty Occupations and H1-B1 Chile and Singapore**

1. A representative from IFSS will sign here.

**Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects**

1. A representative from IFSS will sign here.

**Statement for H-1B U.S. Department of Defense (DOD) Projects Only**

Leave blank.

You do NOT need to complete the remainder of the H supplement sections 2-3.

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**O and P Classification Supplement (pages 26-28). FOR ALIENS OF EXTRAORDINARY ABILITY (O-1 ONLY)**

**Section 1: Complete this section if filing for O or P Classification.**

1. Leave as is.
2. a. Type beneficiary’s name in this format: LAST NAME, First name (as it appears on the passport)  
b. Leave as is.
3. Leave as is.
4. Answer accordingly.
5. Answer accordingly.
6. Leave blank.
7. a. Leave as is.  
b. Leave blank.
8. Leave as is. The Faculty and Staff at the University are not represented. There is no collective bargaining unit. There is no labor organization.
9. Leave as is.
10. Leave blank.
11. Leave blank.
12. Leave blank.
13. Leave blank.

**Section 2: Petitioner’s signature.**

1. Leave as is.
2. A representative from IFSS will sign here.
3. Leave as is.