



**Request for Filing**

Requester Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employee: \_\_\_\_\_ Dept/Division: \_\_\_\_\_  
 Workday ID#: \_\_\_\_\_  
 Cost Center: \_\_\_\_\_ Fund #: \_\_\_\_\_

**Fees & Amounts**

Fee Type	Fee Description	Fee Price	X
H-1B Petitions, including New H-1Bs, Transfers, and Extensions; TN and E-3 Extensions and Amendments			
I-129 Filing Fee	Required for ALL H-1B Petitions (including extensions, transfers)	\$460	
Fraud Prevention & Detection Fee	New UAMS Employees, or new to H-1B status (does not apply to H-1B extensions or amendments for current H-1B employees)	\$500	
Premium Processing Fee (Optional)	Requires USCIS to give response within 15 calendar days.	\$2,965	

**Acknowledgement Statement**

*I approve UAMS Immigration Services to charge the above amounts for the specified immigration case. I understand that these fees will be charged to the cost center & fund number listed.*

*I approve.*

**Additional Notes**

**Certifying Individual in Department or Division**  
*(Chair, Business Administrator or Designated Official)*

\_\_\_\_\_  
 Department/Division Name

\_\_\_\_\_  
 Certifying Individual's Name (Print)

\_\_\_\_\_  
*Signature (electronic acceptable)*

\_\_\_\_\_  
 Date