## **REQUEST FOR OUTSIDE COUNSEL** FOR IMMIGRATION-RELATED SERVICES FOR ACADEMIC EMPLOYEES

The Department of \_\_\_\_\_\_ requests approval to engage outside legal counsel to assist in the preparation of a visa-petition and/or other immigration-related services for a prospective academic employee.

Name of beneficiary (individual being recruited):	
Citizen of:	
Current visa status:	Status expiration date:
Academic degree(s):	
Current UCSF employment title, if applicable:	
Beneficiary's current employer:	
Proposed visa-status (or service other than change of visa-status):	
Proposed appointment-title:	
Proposed appointment-dates:	Proposed salary: \$
Budget # for recharge of legal fees:	
PLEASE ATTACH: (1) completed ISSO Fee Payment Form (2) recen	nt CV of beneficiary (3) other – contact ISSO

We understand that no commitments to a prospective employee may be made in advance of approval of this request, and that all commitments need be contingent upon the award of the requested benefit from the U.S. government. We affirm that all legal fees and associated costs incurred in this case are the sole responsibility of our department. We agree to use an attorney selected by International Students & Scholars Office (ISSO) from a panel of firms approved by the General Counsel of the Regents. We understand that General Counsel will pay the legal bills after clearance from our department and from ISSO – and that General Counsel will then recharge our department. We also agree to pay for the service fee charged by ISSO for the processing of the outsourced petition. *Further, we understand that the Director of International Students & Scholars Office is the only approved signatory for petitions related to this case and we will not sign such petitions nor will we sign a Notice of Entry as Appearance as Attorney (Form G-28). We understand that all petitions and forms, as well as letters summarizing job offers, will be submitted to the UCSF International Students & Scholars Office for compliance with the proposed job offer (not for content, which will be the responsibility of the attorney) and signature.* 

Department Administrator/Contact Person (Name)	Signature	Date
Box Number	Telephone Number	Fax Number
Department Chair (Name)	Signature	Date
Cignotures below will be obtained by ISCO f		

Signatures below will be obtained by ISSO for School of Medicine-sponsored petitions. Other schools should obtain the appropriate dean's office approval.

Dean's Office Approval (Name)

Signature

Date

Int'l Office Review (Name)

Signature

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Date