



H-1B Departure Form

This form is to be completed when an H-1B employee in your department is terminated from their appointment, resigns, or completes their stay. Please send or fax this form to IFSS at least 10 days prior to the employee's departure. The office will notify appropriate agencies in compliance with government regulations.

Name of Department: _____

Name of Employee: _____

Last day of employment/sponsorship: _____

Reason for leaving, please check one:

- Employee Resigned —Please submit a copy of the resignation letter with this form.
- Appointment not Renewed
- Employment Terminated by Department or Laid Off Prior to End Date of H-1B—
Please submit a copy of the termination letter with this form.
- Transfer (Portability)

If beneficiary's employment was terminated before the end date of the authorized employment, has s/he been offered the cost of transportation back to their home country or country of last residence in writing? _____ Yes _____ No

Did the beneficiary accept the offer of return transportation? _____ Yes _____ No

Please submit a copy of the termination letter and the written acceptance or declination of the offer of return transportation with this form. If the employment was terminated early, please be sure all University policies regarding termination and/or lay off have been followed.

Employee's Plans:

- Return Home
- H-1B Portability to another employer (Non UW) (specify: _____)
- Transfer to another Department at UW
- Unknown
- Other (specify: _____)

Print Name of Chair or Dept Administrator

Signature of Chair or Department Administrator

Return this completed form by mail or fax to IFSS