EMPLOYMENT-BASED VISA DEPARTURE FORM

This form is to be completed for any H-1B/E-3 employee whose employment at the University of Minnesota ends before the immigration petition validity period.

A. EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employee ID</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Department</th>
<th>Last day of employment</th>
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B. INFORMATION ABOUT TERMINATION/DEPARTURE

What is the reason for the departure/termination?

___ Employee voluntarily resigned from employment at the U of MN
___ Employee’s appointment was not renewed by department (must complete Section C)
___ Employee was terminated or laid off by department (must complete Section C)
___ Other (please explain): _____________________________________________________________________

Employee’s plans:

___ Transfer H-1B status to another employer
___ Transfer to another U of MN department
___ Apply for change of immigration status
___ Undecided/Unknown
___ Other (please explain): ________________________________________________________________

C. TERMINATION/NON-RENEWAL (IF APPLICABLE – H-1B ONLY)

If an employee is dismissed for any reason by the employer before the end of the period for which H-1B employment is authorized, the employer is responsible for the reasonable costs of return transportation of the H-1B employee to the employee’s last place of foreign residence. The department which employs the H-1B employee is responsible for the costs of the return transportation. (See ISSS website)

Has the employee been notified that employment has been terminated, in accordance with U of MN policies?

___ Yes ___ No

Has the employee been offered the cost of return transportation? ___ Yes ___ No

Did the employee accept the offer of return transportation? ___ Yes ___ No

Notes/Comments: __________________________________________________________________________

D. SIGNATURE

H-1B Employee ___________________________________________ Date ______________________

Department Representative __________________________________ Date ___________________