## (Please print on your Departmental Letterhead)

DATE:	(Date Request Letter Prepared)		
TO:	(International Advisor) Legal - Office of International UCT-130	l Affairs	
FROM:	(Department Chairperson) (Department) (School)	(Signature Initials)	
THRU:	(Department Administrator) (Department) (School)	(Signature Initials)	
RE:	Salary adjustment for (Name o	and DOB of H-1B Beneficiary)	
	tment of based on the following reason please also include justifications		
other term	date), the current salary of \$ is of employment including job approved. If any other terms of	location, job duties, and work	ting hours will remain as
For OIA In	ternal Use:		
Proposed H	-1B change(s) reviewed by:	OIA Advisor	Date:
Approv	ved / Disapproved. NOTES: _		