Scholar information

H-1B Departure from The Ohio State University

H-1B employee: Please fill out this form, obtain the signature of the human resources (HR) representative in your department and make a "H1-B Other" appointment to return it to the Office of International Affairs.

Last name:	First name:
Middle name:	Date of birth:
Ohio State employee ID #:	
Phone before departure:	
Permanent email:	
Department:	
Departure information	
 Last date of employment at Ohio State: This will be your last day on payroll at Ohio S If you are going to another employer as an H This does not include time you may be in the 	state
Please indicate your plans:	
☐ Going to another employer as an H-1B emplo ☐ Changing to another status and remaining in ☐ Leaving the United States ☐ Other:	the United States
Signatures	
H-1B employee:	Date:
Department HR representative name:	Date:
Department HR representative signature:	
Office of International Affairs Coordinator:	