

UC ANR ACADEMIC HUMAN RESOURCES (AHR)

Green Card Fee Reimbursement Request Form

Request Date: _____ Hire Date: _____

Requestor's Name: _____

ANR Unit: _____ Position Location: _____

Title, Rank and Step: _____ Appointment Percent Time: _____

For BOC use only to approve use of below source of funding:

Account/Subacct/Object: _____

First Request: *(At the time the 1st request is made, enter the amount requested. AHR will enter the approved amount.)*

Date of Request: _____ Amount Requested: _____ Amount Approved: _____

Second Request: *(At the time the 2nd request is made, 1) On the above 1st Request line, enter the date of the first request, amount requested & amount approved. 2) On the line below, enter the amount requested. The AHR will enter the amount approved when/if the request is approved.*

Amount Requested: _____ Amount Approved: _____

Up to the maximum of \$2,500 will be considered for reimbursement for each reimbursement request. Fees paid to legal counsel for legal counsel services will not be reimbursed.

1. Attach a memo addressed to the AVP. Memo should include:

- Description of your request in relation to the time frame when fees were paid
- Date of hire with UC ANR
- First successful merit review date
- Fees for which you are seeking reimbursement
- Total amount of reimbursement request

2. Provide evidence of:

- Each fee for which you are seeking reimbursement
- The fees' names/numbers and monetary amounts (USCIS Form I-797 Notice of Action: Receipt or other documentation may be relevant)

3. Submit the entire request packet to Academic HR Business Partner, Becky Sisman, bsisman@ucanr.edu:

- ☐ Memo to AVP Wendy Powers
- ☐ Copy of Merit Approval letter
- ☐ Copies of Paid Receipts

Reviewed by:

Program/REC/County Director or Immediate Supervisor _____ Signature _____ Date _____

BOC/ Other Responsible Financial Officer _____ Signature _____ Date _____
(for fund verification only)

Academic HR Manager _____ Signature _____ Date _____

Approved by:

Associate Vice President _____ Signature _____ Date _____