

INTERNATIONAL FACULTY & SCHOLARS

Global Center, Room 142
615 N Park Avenue
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Tucson, AZ 85721
Ofc: 520-626-6289

Edit as needed and prepare on department letterhead

[Date]

U.S. Citizenship & Immigration Services
California Service Center
PO Box 30113
Tustin, California 92781

The Department of [Department Name] at the University of Arizona hereby accepts responsibility for the reasonable costs of return transportation abroad for [Employee's Name] should their employment be terminated prior to the expiration of the validity period of the approved H-1B petition, in accordance with applicable federal regulations.

We understand that [Employee's Name]'s continued employment with the University of Arizona is contingent upon annual renewal, satisfactory performance, availability of funding, and the employee's ability to maintain valid work authorization and lawful immigration status in the United States consistent with the requirements of the applicable nonimmigrant visa category.

Sincerely,

[Signature]

[Name]

[Title]

[Department Name]