

Departmental Extension Request for J-1 Exchange Visitor DS2019 Form

Service Fee: There is a \$100 service fee for an Exchange Visitor DS2019 extension request. Intra-University Departmental Transfer request for current UofL scholars that are not requesting an extension are exempt from these fees. Please check below to indicate the method of payment for this request.

Speed type to be charged _____. Amount to be charged for an extension will be \$100. A journal voucher will be processed for this amount.

** If this Speedtype is from a Sponsored or Grant Account, a completed "Sponsored Programs Financial Administration Cost Transfer Justification Form" must be submitted as well.*

Personal Check drawn from a U.S. bank account, Cashier's Check or Money Order made payable to the "University of Louisville."

Category:	Professor	Research Scholar	Short-Term Scholar	Student Non-Degree
------------------	-----------	------------------	--------------------	--------------------

Total program duration from the initial program start date of the DS2019 may not exceed:

(1) Professor and Research Scholar Categories - up to 5 years (2) Short-Term Scholar Category- up to 6 months (3) Student Non-Degree Category - up to 24 months

***Please note that the category or objective for this exchange visitor cannot change from their initial program.**

Surname/Primary Name _____ Given Name _____

UofL ID Number _____ UofL Email _____

Local *Residence* Address Street _____ Apt. _____

City _____ State _____ Postal Code _____ Telephone Number _____

Number of J2 Dependents currently accompanying the J1 Scholar that will be receiving an extension DS2019 _____

Additional financial document of \$5,000 per every year or \$417 per month for each dependent must be submitted beyond the \$1,200 per month required for the J-1 Exchange Visitor.

Terms of Employment or Research at the University of Louisville

UofL Department _____ Street Address _____

New Program Dates: Beginning date ____/____/____ Ending date ____/____/____ Total time period of this request _____ months

Please provide the salary information, if paid by the University of Louisville. *HR Payroll will need to receive a copy of this new DS2019 to add or continue their UofL payroll.*

(1) Will the scholar be on UofL payroll? Yes No (2) If yes, will they be: Exempt Non-exempt Other _____

(3) Are they eligible to purchase UofL insurance? Yes No

Annual Salary _____ (per month) _____ Total Salary for the period requested _____

The salary for an exempt employee is a minimum of \$47,476 per year or \$3,956.33 a month. Non-exempt/hourly employee's wage is based on their position classification.

If the Exchange Visitor will not be paid by the University of Louisville, please provide the funding source and amount: Please provide the funding source and amount. An official financial affidavit and a signed letter from the sponsoring agency or person detailing the amount, term, and duration of the award must accompany this request. If the Exchange Visitor is self-supported, an official bank statement must be provided indicating at least \$1,200 for each month of stay. If they are being accompanied by their dependent(s), an additional amount of \$5,000 per year must be provided. **The letter of sponsorship or bank statement must be submitted with this form.**

Name of sponsor agency, person or scholar: _____ Total Amount \$ _____

Insurance Requirements: Proof of purchase of the insurance must be submitted with this extension request for the J-1 Scholar and all J-2 accompanying dependents. The Department of State requires that all Exchange Visitors and accompanying spouse and any dependents have insurance for sickness and accidents. They may also be subject to the requirements of the Affordable Care Act. The period of required coverage is the actual duration of the exchange visitor's participation in the sponsor's exchange visitor program as recorded in SEVIS. The policy must provide medical benefits of at least (1) \$100,000 and a deductible of no more than \$500, (2) repatriation of remains in the amount of \$25,000, and (3) medical evacuation insurance in the amount of \$50,000. [22 CFR 62.14]

Approval signatures are required from the University of Louisville's departmental supervisor and chair or dean authorizing this J1 Departmental DS2019 Request

Signature of Supervisor

Signature of Chair/Dean

Supervisor Name - Print

Chair/Dean Name - Print

Email Address

Email Address

Phone Date

Phone Date

Disclaimer: By signing this document, the department certifies to adhere to the Exchange Visitor Program regulations set forth by the 22 Code of Federal Regulations (CFR) Part 62.

Specify how you would like to obtain the new extended DS2019(s):

Return Form DS2019 in campus mail to the department for forwarding.

Specify person and campus address: _____

Send the DS2019 directly to the Exchange Visitor using the attached completed express mail form and envelope provided by the department.

Contact the following person when the DS2019 is ready for pickup. Please indicate where you wish to pick up the packet:

Belknap Campus, International Student & Scholar Services, Brodschi Hall, second floor (Monday-Friday: 9 a.m.– 4 p.m.)

Health Sciences Center, Instructional Bldg., Room 218 (T & Th: 9 a.m. - 3 p.m.)

If a Five Point Letter was issued with a previous DS2019 Request, a new one is not required.

If you have any questions, please contact the ISSS office at 852-0294 or email jss@louisville.edu.

Allow five working days for preparation of the Form DS2019.

Name _____

Telephone Number _____ Email Address _____

Checklist:

- Service fee
- An updated proof of insurance
- An official financial affidavit showing proof of finances to cover the cost of attendance (if not funded by UofL)
- Dependent information (if any)