JOHNS HOPKINS
MEDICAL INSTITUTIONS
**Office of International Student, Faculty, and Staff Services**

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www.hopkinsmedicine.org/intlsvcs

# H-1B Travel Letter Request

This form must be e-mailed to H1B-Employment@jhmi.edu **no less than 10 business days before expected departure date.**
**Do not fax this form, or e-mail to an OIS staff member directly.**

**Name Dr, Mr., Mrs., Ms.**
**(as it appears in passport)**

**US Address**
**Street, City, State and Zip**
**E-mail**
**JHED ID**

**Exact Job Title and Department/Division of Employment**

**Travel Destination**
**(City, Country)**

**Reason for Travel**

**Departure Date**
**Return Date**

**Copy of O-1 or H-1B Petition Needed?** ☐ Y ☐ N

**Original Approval Notice Needed?** ☐ Y ☐ N