PLACE ON DEPARTMENT LETTERHEAD

# Date

Employee Name

Address

City, State, Zip

Dear Mr./Ms/Dr. **employee name**:

It is with regret that I must advise you that the University is terminating your employment effective [**DATE]**. As a result, the University of Maryland, Baltimore will not continue to sponsor your H-1B visa.

Please make arrangements to turn in your keys and University Identification Badge and any other University property you have. You are responsible to return any University equipment that was issued to you for use off-site in the performance of your job. Failure to return this equipment would require the University to recover the cost of the equipment from you.

H-1B regulations require us to offer you return transportation to your last place of residence abroad if employment is ended prior to the expiration date of your H-1B petition. Please sign below by **[30 days prior to termination date]** indicating your acceptance or rejection of this offer. If you do not respond by this date, the offer will be considered rejected. If you accept it, our department’s travel administrator, \_\_\_\_, will work with Concur and the UMB travel agency to purchase you a one-way ticket to your last place of residence abroad. This offer of return transportation does not include dependent family members or other relocation expenses. From the date of employment termination H-1B employees have a 60-day grace period to depart the U.S. or file a change of status request with U.S. Citizenship & Immigration Services (USCIS).

You may contact the Office of International Services at (410) 706-7488 should you have any questions related to your visa and employment eligibility. You may also contact (**Insert Name of Dept. ELR Rep**) in Human Resource Services at (410) 706-7302 regarding your separation. If you have any specific questions about how it may affect your benefits, you can contact a Benefits Specialist in HR Benefits at (410) 706-2616.

I wish you the best in your future endeavors and regret that the University is unable to continue your current employment.

Sincerely,

Supervisor name

Please complete the section below by **[30 days prior to termination date]**

* I accept the offer of return transportation

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Last place of residence abroad (city & country)

* I reject the offer of return transportation

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Signature of employee Date (mm/dd/yyyy)