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[www.hopkinsmedicine.org/intlsvcs](http://www.hopkinsmedicine.org/intlsvcs)

This completed form must be e-mailed to [H1B-Employment@jhmi.edu](mailto:H1B-Employment@jhmi.edu) **no less than 10 business days before expected departure date.**

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| Salutation                             |  |  |  |
| Last/Family Name                       |  |  |  |
| First/Given Name                       |  |  |  |
| Current Residential Address:<br>Street |  |  |  |
| City, State, Zip                       |  |  |  |
| E-mail                                 |  |  |  |
| JHED ID                                |  |  |  |
| Job Title Department/Division          |  |  |  |
| Travel Destination<br>(City, Country)  |  |  |  |
| Reason for Travel                      |  |  |  |
| Departure Date                         |  |  |  |
| Return Date                            |  |  |  |