Instructions for the I-485 Supplement J

Once the employee is ready and able to file the I-485, one of the required forms that must be submitted with the I-485 is the Supplement J, Confirmation of a Bona Fide Job Offer. In the past, an employment verification letter was sufficient. As of January 2017, this Supplement must be used. International Faculty and Staff Services has completed as much of the form as we can. Both the employee and the Department Chair/Center director must sign this form. These instructions are only for the employer sections. The employee must complete the sections relevant to him/her. The employee may u

Part 1: Leave as is.

Part 2: It is the employee’s responsibility to complete this entire section. S/he is the applicant for this form.

Part 3: It is the employee’s responsibility to complete this section and sign. Please use blue ink.

Part 4: If the employee had a preparer assist with this form, the preparer’s information must be entered here. Neither IFSS nor the Department can assist the employee with Parts 2 and 3.

Part 5:
1. Leave as is. (type of employer is business/organization)
2. Leave as is with IFSS’s information prefilled.
3. Leave as is.
4. Leave as is.
5. Leave as is.
6. Fill in “1849.” This is the year the University was established. There is no need to enter the day and month. The form does not recognize that date because it is so far back. **You will not be able to save the form with the date.** You will have to write or type this in after you print the Supplement out. It is imperative that this field NOT be left blank.
7. Leave as is.
8. Leave as is.
9. Leave as is.
10. Leave as is.
11. Leave blank. The employer is not an individual. Do not enter any information about the employee here either.
12. Leave blank. The employer is not an individual. Do not enter any information about the employee here either.
13. Leave blank. The employer is not an individual. Do not enter any information about the employee here either.
14. Leave blank. The employer is not an individual. Do not enter any information about the employee here either.
15. Leave blank. The employer is not an individual. Do not enter any information about the employee here either.

Part 6:
1. Job title: I entered assistant professor. If the title is something else, revise accordingly. Be sure to enter the CHS or Clinical if appropriate.
2. Use the SOC code from the prevailing wage determination from the Department of Labor (DOL). Please ask IFSS if you are unsure of the code.

3. Type two or three sentences about what the employee does. For example, teach undergraduate and graduate courses in Computer Sciences, conduct scholarly research and perform University service as appropriate.

4. Leave as is.

5. Leave blank.

6. Leave as is.

7. Enter the current annual salary of the employee.

8. Enter the employee’s work address. This address MUST be the same address that was listed on the Labor Certification and the I-140.

9. Leave as is.

10. Enter the employee’s start date.

Part 7:

1. Leave as is.

2. Leave blank.

3. a. Enter the last name of the Department Chair/Center Director.
   b. Enter the first name of the Department Chair/Center Director.

4. Enter the title of Department Chair/Center Director.

5. Enter the telephone number of the Department Chair/Center Director.


7. Enter the email address of the Department Chair/Center Director.

8. a. Have the Department Chair/Center Director sign in blue ink.
   b. Enter the date the form was signed.

Part 8: Leave blank.

Part 9: Use only if appropriate based on the answers in the other parts. Please note: nothing that the department completes would require the department to enter any information in Part 9.