

O-1 REQUEST FORM - Part A: To Be Completed by WMU Hiring Department

A. CONTACT INFORMATION

Hiring Department: _____ Division/College: _____
Address: _____
Administrative Contact Person: _____
Phone: _____ Fax: _____ E-mail: _____

B. POSITION INFORMATION

Name of Foreign National: _____
Last name First name Middle name
Position Title: _____ **WIN ID (if any):** _____
Location of Position: On Campus Off Campus, explain _____

General Description of Job/Project:

- List 6 or more of the most important duties the foreign national will perform in priority order:
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

The position is: Full time Salary offered _____ # of hours per week _____
 Part time Hourly rate offered _____ **AND** Annual salary offered _____
of hours per week _____

Does compensation package include fringe benefits? Yes, value of benefits \$ _____ No

Expected duration of employment (as appears on the offer letter): from ___/___/___ to ___/___/___

C. EMPLOYEE'S CURRENT STATUS

- New Employment (includes current employee in another non-immigrant status)
- Extension without any changes
- Change to Western Michigan as employer (prospective WMU employee already in O-1 status elsewhere)
- Add WMU as additional employer (prospective WMU employee in already in O-1 status with another employer and wishes to work concurrently)

D. DECLARATION OF THE EMPLOYING DEPARTMENT

The department will comply with the following regulations during the O-1 application process and during the employment of the above named foreign national under the terms of O-1 status.

1. The department will notify the Immigration & Policy Research Officer in International Services and Student Affairs (ISSA) if the terms of the employment change during the validity period of this O-1 petition so an amended petition can be filed with the U.S. Citizenship and Immigration Services.
2. The beneficiary of this application is one of the small percentages of individuals who has risen to the top of their field of endeavor and fulfills the requirements of an individual of extraordinary ability in the sciences, arts, education, business, or athletics. It is the department's intention to employ this individual in the capacity and at the salary described above.
3. The department will notify the Immigration & Policy Research Officer in ISSA prior to termination or resignation of the O-1 employee as ISSA must notify appropriate government agencies to avoid any penalties.
4. I declare under penalty of perjury that the information provided is true and accurate. I understand that to knowingly furnish false information in the preparation of these forms and any supplement thereto, or to aid abet or counsel another to do so is a federal offense. The department will immediately inform the Immigration & Policy Research Officer in ISSA (269/387-5873 or shinsaeng.ko@wmich.edu) if there are any changes to the information given above.

Supervisor's name: _____ Signature: _____ Date: _____

Department Chair's name: _____ Signature: _____ Date: _____

College Dean's name: _____ Signature: _____ Date: _____

Provost or Vice President's name: _____ Signature: _____

Date: _____