

**E-3 REQUEST FORM – PART A (To Be Completed by WMU Hiring Department)**

**A. GENERAL AND POSITION INFORMATION**

Hiring Department: \_\_\_\_\_ College/Division: \_\_\_\_\_

Name of foreign national: \_\_\_\_\_  
Last name First name Middle name

Position Title: \_\_\_\_\_ WIN (if applicable): \_\_\_\_\_

Please check:  New E-3  Extension without any changes

Other: \_\_\_\_\_

Will the employee mentioned above work only for Western Michigan University?

Yes  No (attach the other E-3 receipts or approval notices)

Explanation: \_\_\_\_\_

The position is (check all that apply):  Temp  Permanent  Tenure Track  Non-Tenure Track

Union Representation (if applicable):  AAUP  Other: \_\_\_\_\_

The position is:

Full time: Salary offered \$ \_\_\_\_\_ (specify if 9-month) # of hours per week \_\_\_\_\_

Part time: Hourly rate offered \$ \_\_\_\_\_ AND Annual salary offered \$ \_\_\_\_\_  
 # of hours per week \_\_\_\_\_

(If there will be any period, such as WMU holiday closure, when they will not get paid, put a range of hours starting with "zero," such as "0 to 30 hours per week")

***\* In the case of part-time E-3 petitions, the hiring department, not the E-3 employee, MUST document in writing the number of hours per day & per week the E-3 employee worked for the entire duration of the part-time E-3 validity period.***

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

Duration of employment (as appears on the letter of offer): from \_\_\_\_\_ to \_\_\_\_\_

Address where the foreign national will work: \_\_\_\_\_  
Street City State Zip

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**B. ATTESTATIONS BY HIRING DEPARTMENT/COLLEGE/UNIVERSITY**

- By submitting this request to begin the E-3 petition process, I understand that the E-3 employee should be paid the higher of the prevailing wage (as determined by DOL – the weighted average rate of wages paid to workers similarly employed in the area of intended employment) **OR** the actual wage (being paid to all other WMU individuals with similar experience, qualifications, or responsibilities for the employment in question), whichever is higher.

**INTERNATIONAL STUDENT AND SCHOLAR SERVICES (I3S)  
 WESTERN MICHIGAN UNIVERSITY ♦ 3110 FAUNCE STUDENT SERVICES  
 KALAMAZOO, MICHIGAN 49008-5246 ♦ (269) 387-5865 ♦ FAX (269) 387-5899**

- By submitting this request, I agree to the terms and conditions of the labor condition application (submitted to DOL by the Immigration Officer in International Student and Scholar Services (I3S) based on the application submitted by the hiring department) for the duration of the E-3 employee's authorized period of stay for the E-3 employment.
- I agree that the department will consult with the Immigration Officer prior to any E-3 terminations or resignations as there are federal regulations governing such incidents.
- I understand that E-3 status may be granted in up to 24-month increments.
- I certify that there has been no strike, lockout, or work stoppage in the occupational classification (for which this E-3 application is being filed) at the place of employment. If a strike, lockout, or work stoppage were to occur, we will notify the Immigration Officer within one business day.
- I certify that WMU will provide working conditions for the E-3 employee which will not adversely affect the working conditions of workers similarly employed.
- 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 Officer in I3S if there are any changes to the information given above.

Department Chair's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College Dean's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provost or Vice President's name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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**C. ADMINISTRATIVE CONTACT INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code