



# WESTERN MICHIGAN UNIVERSITY

## TN REQUEST FORM: To Be Completed by WMU Hiring Department

### PURPOSE OF THE FORM (check all that apply):

- New (if already on TN for another employer, current TN I-94 end date: \_\_\_\_\_)
- Extension of current appointment *without* change (current TN I-94 end date: \_\_\_\_\_)
- Transfer within WMU (current TN I-94 end date: \_\_\_\_\_)
- Other \_\_\_\_\_

### CONTACT INFORMATION

Hiring Department: \_\_\_\_\_ Division/College: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Administrative Contact Person: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PROSPECTIVE/CURRENT EMPLOYEE INFORMATION

Name: \_\_\_\_\_ WIN: \_\_\_\_\_  
Last First Middle  
 Female  Male Date of Birth: \_\_\_\_\_ (month/day/year)  
 Current Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### POSITION INFORMATION

Title: \_\_\_\_\_  
 List 6 or more of the most important duties the employee will perform in priority order:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Salary Offered: \$ \_\_\_\_\_ per \_\_\_\_\_ Hours per week: \_\_\_\_\_  
 Does compensation package include benefits?  Yes  No  
 Expected Duration of Employment: From \_\_\_\_\_ to \_\_\_\_\_

The above information is correct. Department hiring manager name: \_\_\_\_\_

\_\_\_\_\_  
 Signature Date