

TO BE COMPLETED BY
INSTITUTE/CENTER

Request to Review Changes in Employment

Instructions: Immigration regulations require employers to report material or significant changes in the terms of employment. Complete this form for a current Full-Time Equivalent (FTE) employee whose terms of employment will be changing. Depending on the changes and the scientist's immigration status, the Division of International Services (DIS) may need to submit an amended petition to U.S. Citizenship & Immigration Services (USCIS) before the changes occur. This form should be completed and signed by the Institute/Center's (IC) Administrative Key Contact and Laboratory Branch Sponsor/Supervisor and submitted to DIS at least six (6) weeks ***BEFORE*** the planned changes. Attach additional sheets if more space is needed. **Notes:**

- This form is **not** required if the **only** change to employment is a modest regularly scheduled pay increase; such increases may occur as scheduled without DIS review.
- If the employee is changing designation or transferring to a new Institute/Center/Office, a new FTE case is always required. ICs at their discretion may submit this form to DIS in advance of case submission to confirm whether an amended petition must be submitted to U.S. Citizenship & Immigration Services (USCIS) before the change or transfer may occur.

SCIENTIST INFORMATION

Name (LAST, FIRST): _____

Date of Birth (MM/DD/YYYY): _____

Effective Date of Changes Noted Below: _____

Is this a temporary detail? Yes No

If yes, start and end dates of detail: _____

CHANGE IN TITLE/DESIGNATION? Yes No
(e.g. Research Fellow, Visiting Associate, etc.):

Current Title/Designation: _____

Proposed Title/Designation: _____

CHANGE IN INSTITUTE/CENTER OR LAB/OFFICE?
Yes No

Current IC/Branch/Lab/Office: _____

Proposed IC/Branch/Lab/Office: _____

CHANGE IN SALARY? Yes No

Current Salary: _____

Proposed Salary: _____

CHANGE IN WORK SITES? Yes No

If yes, provide the street address and building number (if any) for all locations where the FTE scientist will perform the job duties. Attach an additional sheet if more work sites are needed.

Primary Site: _____

Additional Site 1: _____

Will the FTE scientist perform job duties from an additional site other than their home address? Yes No

Schedule: _____

Address: _____

CHANGE IN REQUIREMENTS TO PERFORM JOB

DUTIES Yes No
Describe the new requirements to perform the job duties (e.g. the job did not initially require field travel but now will).

CHANGE IN JOB DUTIES? Yes No
Describe the new job duties for the FTE scientist. If available, include current and new position job duties on separate page.

CHANGE IN PATIENT CONTACT Yes No
The FTE scientist will now have:
None Incidental Patient Contact Full Patient Contact

CHANGE IN SUPERVISORY DUTIES*? Yes No
*Answer yes only if it will be formal supervision that includes completing an employee's performance plan (e.g. acting as a Rating Official on a PMAP). Do not include supervision of Non-FTE designations or mentoring activities.

ATTESTATION

By my signature below, I confirm that the above is true to the best of my knowledge and belief

Signature of Lab/Branch Sponsor: _____

Date: _____

Print Name: _____

Signature of Administrative Officer: _____

Date: _____

Print Name: _____