

## PERMANENT RESIDENCY: INITIAL REVIEW

### TO BE COMPLETED BY THE FOREIGN NATIONAL'S SUPERVISOR OR DEPARTMENT CHAIR.

OISS understands that you are interested in pursuing lawful permanent residency status for the employee named below. Before OISS sends you the materials to begin this process and arrange an appointment to meet with an immigration attorney, our office needs to evaluate the suitability of the position being offered for the University sponsorship. Thus, please complete this form and send it to OISS.

1. Name of foreign national: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Sponsoring department: \_\_\_\_\_

3. Position title being offered to the foreign national: \_\_\_\_\_  
*\* Please remember that permanent residency takes two to five years to complete. The position should be the position the foreign national will fill two to five years from now. An official description of this position should be attached to or enclosed with this form.*

4. List the exact date that the Foreign National was offered the position: \_\_\_\_\_

5. Did you run a print ad for this position in a national professional journal?  
 No  Yes If yes, please provide a copy of the ad with this document.

6. Is this a permanent position?  Yes  No

**If not**, how long do you anticipate that the foreign national will fill the offered position?

\_\_\_\_\_

**If the position is not permanent**, is the lack of permanency based on funding or other factors?

\_\_\_\_\_

7. Funding source for the position: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
e.g. general fund, NIH grants, etc.

8. Will the department be paying for the filing and legal costs of PR sponsorship?  Yes  No

*\* The sponsoring department must pay for the processing of the PR application. The foreign national cannot pay or reimburse any expenses associated with the PR proceedings.*

9. Has your department had layoffs in the last 6 months?  Yes  No

10. Position reports to: Name \_\_\_\_\_ Title \_\_\_\_\_

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

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

11. Administrative Contact: Name \_\_\_\_\_ Title \_\_\_\_\_

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

### IMPORTANT INFORMATION -- PLEASE READ BELOW INFORMATION

*Please submit the Initial Review form to OISS. A detailed position description, WSU job posting and the Employer Declaration Statement must be attached with this document. This form will not be reviewed without a copy of the full position description and declaration. Within 5 - 10 business days of the date the form is received, OISS will contact you with further guidance. Thank you.*

For OISS Internal Use

Approved

Denied

Reason: \_\_\_\_\_