

SPECIAL HANDLING REQUEST FORM

This form must be submitted to UB Immigration Services in order to request initiation of the Permanent Residency process for faculty with regular classroom teaching duties. Other items that must be submitted along with this form are listed on the Special Handling Labor Certification Checklist, which is available at: http://wings.buffalo.edu/intlservices/pdf_files/specialhandlingchecklist.pdf

Sponsoring Department Information

Department:	_____
Supervisor name:	_____
Supervisor's title:	_____
Supervisor's telephone number:	_____
Supervisor's fax number:	_____
Supervisor's e-mail address:	_____
Name of alternate contact:	_____
Alternate's telephone number:	_____
Alternate's e-mail address:	_____

Sponsored Employee Information

Name (first, middle, last (in caps)):	_____
Other names used (including maiden name if applicable):	_____
Date of birth (mm/dd/yyyy):	_____
Place of birth (city, province, country):	_____
Social Security Number:	_____
Alien Registration Number, if any:	_____
Country of citizenship:	_____
Current Immigration Status:	_____
Date Status Expires:	_____
Date of last arrival in U.S.	_____
Place of last arrival in U.S.	_____
I-94 number:	_____
Marital status:	_____
Current U.S. address:	_____
Telephone number:	_____
Job Title:	_____
Annual Salary:	_____
Is the position full time?	_____

Is the position tenured or tenure track? _____
Number of employees supervised by alien: _____
Address where alien will work: _____

JOB REQUIREMENTS

Minimum education level: _____

Major field of study: _____

Alternate field of study, if any: _____

Is experience for the job required? _____

If yes, how many months? _____

Is there an alternate combination of education and experience that is

Acceptable? _____

If yes, specify: _____

(i.e. Bachelor's plus two years experience is acceptable in lieu of Masters)

Is a foreign degree equivalency acceptable? _____

Job duties: _____

Are the job requirements normal for the occupation? _____

Specific skills or other requirements: _____

Name of national professional print journal in which advertisement appeared: _____

Dates of advertisement(s) in journal: _____

Additional recruitment information: _____

Number of applicants: _____

Number of applicants interviewed: _____

Were there any U.S. citizen or permanent resident applicants more qualified than
the faculty member? _____

Date of letter of offer: _____

Employer Declaration

By virtue of my signature below, **I HEREBY CERTIFY** the following conditions of
employment:

1. The offered wage equals or exceeds the prevailing wage and I will pay at least the
prevailing wage.

2. The wage is not based on commissions, bonuses or other incentives, unless I guarantee a wage paid on a weekly, bio-weekly, or monthly basis that equals or exceeds the prevailing wage.
3. I have enough funds available to pay the wage or salary offered the alien.
4. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.
5. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
6. The job opportunity is not:
 - a. Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage; or
 - b. At issue in a labor dispute involving a work stoppage.
7. The job opportunity's terms, conditions, and occupational environment are not contrary to Federal, state or local law.
8. The job opportunity has been and is clearly open to any U.S. worker.
9. The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
10. The job opportunity is for full-time, permanent employment for an employer other than the alien.

I request that UB Immigration Services prepare a Labor Certification Application on behalf of _____.

I declare under penalty of perjury that the foregoing information is true and accurate. I understand that to knowingly furnish false information in the preparation of the requested forms and any related forms or to aid or abet or counsel another to do so is a federal offense. I agree to comply with UB Immigration Services processing requirements and to maintain all documentation related to this position for a period of no less than five years.

Department Chair Signature: _____
Department Chair Name: _____
Date: _____