

# Foreign Employee Information

(You can key-in the information and print)

**Part A. (To be completed by employing unit).**

Name (Last, First, Middle): \_\_\_\_\_

Social Security Number (if known): \_\_\_\_\_

Lubbock address (if known): \_\_\_\_\_

College, Department or Unit: \_\_\_\_\_

Mail Stop: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Dates of Appointment: From \_\_\_\_\_ To \_\_\_\_\_

New Appointment Reappointment

Contact for department: \_\_\_\_\_

Signature for Department: \_\_\_\_\_

**Part B. (To be completed by the employee. The employee must bring this form to the Office of International Affairs).**

Citizenship: \_\_\_\_\_ Permanent Resident of: \_\_\_\_\_

(If you are a Permanent Resident of the United States, STOP and do NOT complete the remainder of the form. This form is only for those who do not meet the Green Card Test for Resident Tax Payers.)

Immigration Status: \_\_\_\_\_ Expiration date of status: \_\_\_\_\_

Immigration Status (at 1st entry into the United States): \_\_\_\_\_ Date of 1st entry: \_\_\_\_\_

**Immigration History in U.S.:**

	Calendar Year	Days physically present in U.S.	Inclusive Dates of presence in U.S.	Immigration Status
This year	_____	_____	_____	_____
Last year	_____	_____	_____	_____
2 years ago	_____	_____	_____	_____
3 years ago	_____	_____	_____	_____
4 years ago	_____	_____	_____	_____
5 years ago	_____	_____	_____	_____
6 years ago	_____	_____	_____	_____
7 years ago	_____	_____	_____	_____

**Part C. (To be completed by the Office of International Affairs).**

**Determination based on above information:**

Eligible for Payment: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Employment authorization: From: \_\_\_\_\_ To: \_\_\_\_\_ FICA exempt: \_\_\_\_\_ 2 year/5 year

U.S. Tax Entry Date: \_\_\_\_\_ Substantial Presence Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**OIA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_