## REQUEST FOR TN EMPLOYEE STATUS

**SECTION I: GENERAL INFORMATION** 

The TN is set aside for citizens of Canada and Mexico. Eligible occupational titles are specified in Appendix 1603.D.1 of the NAFTA treaty. THIS FORM MUST BE COMPLETED BY THE HIRING/SPONSORING DEPARTMENT, EXCEPT FOR SECTION III, WHICH MUST BE COMPLETED BY THE SPONSORED EMPLOYEE. Please type or print in block letters, and enter all dates in mm/dd/yy format. All questions on the form must be answered as precisely as possible. Once completed, submit to Loveness Schafer (Associate Director, International Services) accompanied by the necessary attachments, forms and fees as listed on the TN Checklist.

1. Employeeus name:	(Family/Last)	(First/Given)	(Middle Name)
2. This request is for:	(1 antity/East)	(1 iisii Given)	(muaic name)
Consular Proce	ess (employee is currentl	ly abroad; Form I-129 will:	not be filed with DHS)
v	us (employee is in the U		grant status and needs to change
Change of Emp	ployer (employee has Th	N filed by a different emplo	yer and will leave this employer)
Extension of S	tay (employee has TN st	tatus sponsored by LSU; en	nployment contract has been renew
Amendment (e	mployee is in TN status	at LSU; terms of employm	ent will change)
Concurrent TN	(employee has an TN, 1	needs a second TN for addi	tional employment)
3. If request is for chang	ge of employer, what is t	he employeeøs last day wit	h the current employer?
		s of up to 3 years, indefinite	ely.
SECTION II: DEPAR	TMENT INFORMAT	ION	
1. Host Department:			
2. Campus address:			
3. Name of Administrat	ive Contact:		
Phone #:	•	address:	

## **SECTION III: EMPLOYEE INFORMATION** (To be completed by employee)

Biographical information	Contact information			
Sex (m/f): Date of birth:	Home phone:			
Country of birth:	Work phone:			
Province of birth:	Email:			
Country of citizenship:	Local address:			
Passport number:				
Passport validity:	Foreign address:			
Social Security Number:				
Status information				
Date of <u>last</u> arrival in US: I-94 number from last <u>arrival</u> in US:				
Current immigration status: Status expiration date:				
Have you ever been denied a TN? ( ) Yes ( ) No  If yes, explain:				
Have you ever been in J-1/J-2 status? ( ) Yes ( ) No If yes, attach copies of all DS-2019s as well as any IAP-66s and J-1 visa pages. If subject to Section 212(e), proof of fulfillment OR waiver of two-year home residency requirement will need to be included.				
Have you ever applied for a green card (Labor Certificat If yes, explain; provide an attachment giving date the current status of the petition. Please also attach a co	at the petition was filed, who filed it, and the			
Travel information*				
Are you currently abroad <u>and/or</u> do you anticipate being <i>If yes, provide dates and location of trip: Mexicans: where (city, country) will you apply for th Canadians: which airport will you fly from?</i>	e visa stamp?			
Dependent information**				
Marital status:Number of dependents (spouse and children under the age of 21):				
Which dependents (if any) need TD dependent status?				
Lastly, please attach a statement listing all periods duri This should include employer, position title, visa classifica				
→ I certify that the information provided in Section III	of this form is correct and complete.			
Employeeøs signature:				
Employeeøs name:	Date:			

<sup>\*</sup>If you are abroad, we will mail TN application documents to you so that you can apply for admission at pre-flight inspection or US Port of Entry (Canadians); or apply for a TN visa stamp at a US Consulate (Mexicans).

\*\*If dependents are in the US, you will need to provide dependent documents as listed on the TN Checklist. If dependents are abroad, they can simply apply for admission at pre-flight inspection or US Port of Entry (Canadians); or apply for TD visas at a US Consulate (Mexicans).

## **SECTION IV: INFORMATION ABOUT THE POSITION**

1. Payroll title (include step and state w	hether position is tenure track or not):
2. Is this a research, teaching, administr	rative, or IT technical position?
3. Site of employment:	
	5. Wages per year:
	tion:
7. Does employee receive income from	another employer? ( ) Yes ( ) No
If yes, please list employer, job title,	hours per week and income:
8. Employee® present occupation	
9. Years of experience	
I hereby certify that the information	in the employer sections of this form is correct and complete.
Department Head  signature:	Date:
Department Headøs Name:	Phone: