



Permanent Residency Worksheet

Information about the Department / Division:Name of Department / Division:
_____Address of department where the foreign national is employed (if different than 'main' campus):
_____Name and title of Department Chair / Supervisor:
_____Department Chair / Supervisor Email address:
_____Department Chair / Supervisor telephone number:
_____Name of Department/Unit Liaison:
_____Liaison Email address:
_____Liaison telephone number:
_____**Information about the Foreign National:**Name:
_____Current Visa Type:
_____UD ID#:
_____Position/Title:
_____Date of Selection (Date on Employment Offer Letter)
_____**Information about the position:**Wage:
_____Union (if applicable):
_____Name and email of Union Representative:
_____**Attestation:**

As Chairperson / Supervisor of the Department / Division, I attest that I have read the University of Delaware's Immigration Policy, that the Department / Division is willing to support immigrant visa sponsorship for the above-named foreign national employee, that the Department / Division has the necessary **funding** available to pay for the 'employer-required' costs associated with the immigrant visa process (**including re-recruitment costs if applicable**) and, that the Department / Division will pay for such costs.

Signature – (print name afterwards)_____
Date**Authorization:**Name:
_____Title
_____Date
