**U.s. Department of Labor**

**Position Information Sheet**

As you complete this sheet, please keep in mind the following:

* Ensure the accuracy of the information entered as it will be formally provided to the U.S. Department of Labor; be consistent to the position job description and/or recruitment ads.
* Any changes must be reported to the International Students and Scholar Services **BEFORE** they are implemented as changes may jeopardize the immigration sponsorship.

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| --- | --- |
| **Date** |  |
| **Preparer’s name** |  |
| **Employee’s last name** |  |
| **Employee’s first name** |  |
| **Position title** |  |
| **Additional titles/assignments** |  |
| **Annual base salary** |  |
| **Other benefits (medical, vacation etc.)** |  |
| **Number of hours per week** |  |
| **Type of Degree Requirement** |  |
| **(Foreign) equivalent acceptable** | Yes/No |
| **Major/Field of study** |  |
| **Closely related fields acceptable** | Yes/No  List all related fields: |
| **Name of supervisor** |  |
| **Title of supervisor** |  |
| **Does this position contain teaching duties?** | Yes/No   * Course type (undergraduate/graduate/other): * List the name of the courses to be taught:   If other, please describe: |
| **Does this position require travel?** | Yes/No   * Explain the travel requirement: |
| **Is training required?** | Yes/No   * Indicate the type and field for each type of training required (e.g. residency Internal Medicine): * Specify the number of months for each type of training required: |
| **Is experience required** | Yes/No   * Occupation/field of experience: * Specify the number of months of experience required: |
| **Any other special requirements?** | Yes/No   * Specify: |
| **Does this position provide managerial supervision (hiring and firing authority) to the work of other employees?** | Yes/No  *Note: This excludes educational supervision as normally provided in the academic teaching setting.*   * Number of employees this position will supervise: * What is the level of the employee(s) to be supervised (subordinate or peer)?: * What are the position title(s) of the employees that will be supervised?: |
| **Does this position require a background check?** | Yes/No |
| **Primary worksite** | Official Name of department/unit/office:  Building & floor or room number (if applicable):  Street (no PO Box):  City:  County:  State:  Zip Code:  Business hours at this facility/site: *e.g. Mo- Fri, 8am – 5pm* |
| **Additional worksite(s)** | Official name of department/unit/office:  Building & floor or room number (if applicable):  Street (no PO Box):  City:  County:  State:  Zip Code:  How often will employee work there:  Business hours at this facility/site: *e.g. Mo- Fri, 8am – 5pm* |
| **Future worksite(s)** | N/A |