



**International Faculty
and Staff Services**
INTERNATIONAL DIVISION
UNIVERSITY OF WISCONSIN-MADISON

AMENDMENT INTAKE FORM

If there is a significant change in employment, International Faculty and Staff Services (IFSS) must evaluate those changes to determine what action, if any, the University must take in order to remain compliant with the immigration status granted to the employee. For H-1Bs, E-3s, TNs, and O-1s, in *some* circumstances, the change must be approved by U.S. Citizenship and Immigration Services (USCIS) before the employment change(s) can begin.

The following questions will help IFSS determine if the proposed change(s) in employment will require any action to be taken. IFSS must look at the totality of the changes, so one "yes" answer on this form isn't necessarily an indication of a *significant* change. Complete this form as thoroughly as possible, in coordination with the Supervisor. When the form is completed, for J-1s and H-1Bs, you can enter the Request in the employee's active card in the TDS Scholar Portal. All other statuses, email the form to ischolars@ohr.wisc.edu.

1. Name of Employee: _____

2. Employee's Department: _____

3. Will this employee's **salary** change? Yes No

If YES, the new salary will be: _____ Current salary: _____ A basis C basis

Explain the reason for the change:

4. Will the **funding source** change? Yes No

If YES, list the new funding source(s) and percentages:

5. Will the employee's **title** and **title code** change? Yes No

If YES, the new UW title will be: _____ Title Code: _____

Explain the reason for the change:

6. Will the employee's **duties** change? Yes No

If YES, explain what duties are changing and how much (you may attach the rate/title change you plan to submit to answer this):

7. Will the employee's **appointment percentage** change? Yes No
 If YES, the current percentage is: _____; the proposed percentage will be: _____
8. Will the employee's **supervisory responsibilities** change? Yes No
 If YES, explain the change. Include how many permanent employees s/he supervises now and how many s/he will supervise when the change takes place. *Note: Permanent employees do not include student help, graduate/teaching/research assistants, or employees-in-training. True supervision is defined as signing timesheets, doing performance reviews, handling disciplinary actions, etc.:*
9. Will the employee's **work location** change? Yes No
 If YES, explain why. Additionally, list the current work location address(es) and new work location address(es):
10. Will the employee's **major department** change? Yes No
 If YES, explain the change:

Please use the space below to explain any other changes and/or to make any further comments:

 Signature of Supervisor/Director/Chair completing this form Date

 Print Name of Supervisor/Director/Chair completing this form Title

 E-mail Address

FOR IFSS USE ONLY

Action is not required. The change **does not** constitute a significant change as defined by immigration regulations.

Action is required. The change **does** constitute a significant change as defined by immigration regulations. IFSS will provide further instructions.

Determination made by: _____

Signature: _____ **Date:** _____