

Foreign National Employee Information Request Form

| New Employees Only | Current Employees Only |
|-------------------------|---------------------------------------|
| Start Date (mm/dd/yyyy) | Re-Verify Reason (New Document, etc.) |

| Country of Origin | Country of Perm. Residence |
|-------------------|--|
| | (Only if different than Country of Origin) |

SECTION 1: Identity Details

| |
|-----------------------------|
| Surname/Last Name |
| Given/First Name |
| Middle Name |
| US Phone Number (10 Digits) |

| | | |
|----------------------------|-------|----------|
| University ID # (7 Digits) | | |
| US Address | | |
| | | |
| City | State | Zip Code |

| |
|------------------------------|
| Social Security Number (SSN) |
|------------------------------|

← OR →

| | |
|---|--|
| Date you Applied for a SSN (mm/dd/yyyy) | SSN MUST be presented to your department's HR Staff within 4 WEEKS of this date. |
|---|--|

SECTION 2: University of Minnesota Employment Information

| |
|-----------------|
| Department Name |
| Supervisor Name |

| |
|-------------------------|
| Supervisor Phone Number |
| Supervisor Email |

SECTION 3: Visa Information

| |
|--|
| First day in the US on Current Visa (mm/dd/yyyy) |
|--|

| |
|---|
| Expiration of Current Work Authorization (mm/dd/yyyy) |
|---|

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> F-1 Student | <input type="checkbox"/> F-1 (OPT) Practical Training | <input type="checkbox"/> F-1 CPT | <input type="checkbox"/> TN Visa |
| <input type="checkbox"/> J-1 (A) Student | <input type="checkbox"/> J-1 (B) Trainee | <input type="checkbox"/> J-1 (C) Teacher | <input type="checkbox"/> J-1 Professor |
| <input type="checkbox"/> J-1 (F) Physician | <input type="checkbox"/> J-1 (H) Research Scholar | <input type="checkbox"/> J-1 (I) Short Term Scholar | <input type="checkbox"/> J-1 (T) Academic Training |
| <input type="checkbox"/> H-1 (B) Temp Worker Specialty | <input type="checkbox"/> H-1 (C) Temp Worker Agriculture | <input type="checkbox"/> H-1 (E) Trainee | <input type="checkbox"/> H-4 Spouse/Child of H-1, H-2, H-3 |
| <input type="checkbox"/> I-766 EAD (Not w/OPT) | <input type="checkbox"/> Other | | |

Have you ever visited the US on an F-1, J-1, or H-1 Visa prior to your current stay? Choose one of the following:

- Yes** – If yes, continue to Section 4 on page 2
- No** – If no, skip to Section 5 on page 2

FOR PAYROLL USE ONLY:

| | |
|--------------------------|---------------------------------|
| FNES AGENT | _____ Entered into I-9 Calendar |
| <input type="checkbox"/> | _____ Entered into TALX |
| <input type="checkbox"/> | _____ Entered into PeopleSoft |

SECTION 4: Previous Visits, Exempt Years, & Substantial Presence

PART A: List all previous non-tourist visits to the US by year & Visa Type (F-1, J-1, H-1, etc.)

| | Visit 1 | Visit 2 | Visit 3 | Visit 4 | Visit 5 | Visit 6 |
|-----------------|---------|---------|---------|---------|---------|---------|
| Visa Type: | _____ | _____ | _____ | _____ | _____ | _____ |
| Arrival Year: | _____ | _____ | _____ | _____ | _____ | _____ |
| Departure Year: | _____ | _____ | _____ | _____ | _____ | _____ |

PART B: Calculate Exempt Years in the US

The first 5 years in the US as a student on an F-1 or J-1 visa are considered Exempt Years as are the first 2 years on a J type non-student Visa. Please list the years you have been in the US under the following Visa types.

| | |
|--|--------------------------|
| List the years you were in the US on an F-1 or J-1 Student Visa: | Total # of Years: |
| _____ | <input type="text"/> |
| List the years you were in the US on a J-type non-student Visa: | Total # of Years: |
| _____ | <input type="text"/> |

PART C: Substantial Presence Test

What is the last day you plan to be in the US this year? If you are staying through the new year, please enter 12/31/20YY.

Calculate Substantial Presence:

List the number of days you will be present in the US for the current year & the number of days you have been present in the previous 2 years. *Do not count "Exempt" years from Part B.*

| | Year | # of Days in US | | | Total by Year |
|--------------------------------|-------|-----------------|---|-----|---------------|
| Current Year: | _____ | _____ | X | 1 | = _____ |
| 1 st Previous Year: | _____ | _____ | X | 1/3 | = _____ |
| 2 nd Previous Year: | _____ | _____ | X | 1/6 | = _____ |

If TOTAL of days present is **EQUAL** or **GREATER** than **183**, you pass the Substantial Presence Test & may complete a W-9 & to be treated as a US Citizen for tax purposes. **Total days of presence:**

SECTION 5: Employee's Certification of Responsibilities:

1. I understand that if I do not already have a Social Security number (SSN), I have applied for one with the Social Security Administration (SSA) & will provide the number to my department upon receipt of my SSN.
2. I understand it is my responsibility to keep my employment authorization documents current & unexpired at all times.
3. I agree to notify Payroll of any extensions, renewals, or changes & will re-verify my I-9 with any updated documents.
4. No notices of upcoming document expiration will be sent by Payroll Services.
5. I certify that all the information provided if this form is true.

Signature _____ Date