



Initial/Extension TN Petition Biographical Information

Biographical Information:

Name: Family/Last First Middle

Sex: Male Female Marital Status: Single Married Date of Birth: (MM/DD/YY)

City of Birth: Country of Birth:

Country of Citizenship: Social Security #:

Current U.S. Address:

Permanent Address (abroad):

Street Apt. #

Street Apt. #

City State Zip

City State/Province

Telephone No.

Country Postal Code

Email Address

Visa Status Information:

If currently in the U.S.:

Current visa status: I-94 number:

Date of most recent entry to the U.S.: I-94 expiration date:

Has the alien ever held TN status before? No Yes

If yes, please state the dates TN was held:

Has any TN petition filed for the alien ever been denied? No Yes

If yes, please state the date of filing the TN petition and reason for its denial:

Alien's Employment at Cal State L.A.:

Department/Unit: _____

Cal State L.A. payroll title and classification: _____

Hours per week for which the alien will be employed: _____ Salary per year \$ _____

Address where alien will work (indicate all possible locations): _____

Alien's fringe benefits:

Same as university full-time employees. Benefits valued at (dollars per year): \$ _____

Other (please specify): _____

Is there a bargaining representative (union) for this job classification? No Yes

If yes, provide name of bargaining representative for your unit: _____

At the present time, is there a strike or lockout for people in this job classification? No Yes

Dates of TN appointment: _____ TO _____
(MM/DD/YY) (MM/DD/YY)

Job title of alien's supervisor: _____ # of workers alien will supervise: _____

Brief description of the proposed duties of the position: _____

Alien's present occupation and summary of prior work experience: _____

U.S. Consulate where visa will be obtained (if alien is outside the U.S.): _____
City Country

Name and Telephone No. for person of contact at department: _____

Approval by Department Chair, College Dean and Provost:

Department Chair:

Name (print) Signature Date

Phone Ext. Email Address

College Dean:

Name (print) Signature Date

Phone Ext. Email Address

Provost (or designee)'s initial: _____ **Date:** _____

DEPENDENT(S) INFORMATION

Name _____

Relationship _____

Country of birth _____

Date of birth _____

Current visa status _____

Name _____

Relationship _____

Country of birth _____

Date of birth _____

Current visa status _____

Name _____

Relationship _____

Country of birth _____

Date of birth _____

Current visa status _____

Name _____

Relationship _____

Country of birth _____

Date of birth _____

Current visa status _____

Name _____

Relationship _____

Country of birth _____

Date of birth _____

Current visa status _____

U.S. Citizenship and Immigration Services
Nebraska Service Center
P.O. Box 87129
Lincoln, NE 68501-7129

To Whom It May Concern:

Copies of documents submitted are exact copies of unaltered original documents and I understand that I may be required to submit original documents to an immigration or consular official at a later date.

(date)

(signature of employee)

(print name in full)