



Employment Change Notification

*To be completed when requesting a change to the employment
(including a transfer to another UM department) of an employee in H-1B, TN, E-3 or O-1 status.*

Employee Name:	_____	Employee UMID:	_____
Current Job Title:	_____	Current Salary:	_____
Proposed Job Title:	_____	Proposed Salary:	_____
New Hiring Dept.:	_____	U-M Posting No.:	_____
Dept. Administrator:	_____	Dept. Phone:	_____

POSITION MINIMUM REQUIREMENTS

In this section please provide the MINIMUM requirements for the POSITION, not the qualifications of the potential employee

Required education: ☐ BA/BS ☐ MA/MS ☐ PhD ☐ MD/DO ☐ DDS ☐ other: _____ in field: _____

Experience required (# of years & type): _____

Other requirements, if any: _____

Is the position full-time? ☐ Yes ☐ No Hours per week if part time: _____

Description of duties:

Effective date of proposed change: _____

Address where employee will work: _____

Additional work locations, incl. home address (if permitted to work from home):

Please attach the following

→ U-M job posting (if available)

→ [Actual Wage Determination Form](#)

Signature: _____ Title: _____

Print Name: _____ Date: _____

The specialist reviewing this change notification will analyze whether the details of this new position are substantially similar to those listed on the foreign national employee's prior work authorization application and will contact you to confirm whether an amendment filing is necessary.

Please email completed form and attachments to icfacultystaff@umich.edu

FSIS: Amendment Needed: ☐ Yes ☐ No Posting Needed: ☐ Yes ☐ No