

Smithsonian Astrophysical Observatory
Sponsor Data Sheet for Permanent Resident Status
To be completed by the sponsoring SAO Division/Department

Please type or print clearly.

NAME OF EMPLOYEE

Last _____ First _____ M.I. _____

SPONSOR INFORMATION

Division/Department _____

Contact person in Division/Department for additional information

Name _____ Telephone _____ MS _____

Fund number for charging express delivery costs _____
(All visa-related documents will be sent to the individual, the attorney handling the case, and/or the INS via express delivery service, e.g., FedEx, and charged to the sponsoring division or department.)

POSITION INFORMATION

Supervisor's name _____ Telephone _____ MS _____

Current Position Title/Grade _____

Type/Term of Current Appointment _____ Not to Exceed Date _____

Title/Grade of position to be offered on a permanent/indefinite basis; indicate "same" if same as current position _____

Is this a supervisory position? Yes ____ No ____ . If yes, number of people to be supervised: _____

ATTACHMENTS

- Original purchase order made out to Tocci, Goss & Lee, PC for the appropriate type of petition (*consult with HRS first to determine type of petition, i.e., labor certification vs. outstanding researcher*)
- Copy of employee's current resumé or curriculum vitae and bibliography
- Position description of position to be offered on a permanent/indefinite basis if different from current position

AUTHORIZING SIGNATURE

Signature of Associate Director/Department Manager or Designee

Date