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| eu2 | E-3 Sponsorship Letter |  |

This form letter is being submitted to request **E-3** sponsorship for the following position. I attest that the below information is consistent with official position information on file at 1599 Clifton Road or school dean’s office.

*Please type the following information. Each section must be completed. Do not leave any section blank.*

|  |  |
| --- | --- |
| Official position title: |  |
| Hiring department at Emory University: |  |
| Start date of this **E-3** request: |  |
| End date of this **E-3** request (no more than **2** years at a time): |  |
| Salary offered (as of the **E-3** start date): |  |
| Position duties:  |  |
| Minimum, *not preferred,* education/degree required for the position: |  |
| Major field of study required: *Note: Add “or related field” if more than one field is acceptable.* |  |
| Any additional requirements: *e.g., List if requires formal training or specialized licenses, certifications, or examinations* |  |
| Specific minimum number of years of prior work experience required (if non required, enter “0”):*Note: If experience after obtaining a certain degree or certification is required, specify.* |  |
| Number of employees that the individual will supervise (if none, enter “0”):*Note: supervision in HR terms, such as hiring, salary increase, annual performance evaluation, etc.)* |  |
| Full address of where the E-3 scholar will be working:*Note: If there is* ***more than one E-3 worksite, attach a separate page listing all*** *as required by the US government. Unannounced government site visits occur to ensure full compliance by the* ***E-3*** *hiring department and the E-3 scholar.* *If the* **E-3** *regularly (not occasionally)* ***telecommutes****, their location is a worksite for DHS and DOL purposes.* |  |

I confirm that the **E-3** beneficiary meets or exceeds the position requirements.

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_