

Office of Faculty Relations

IRCC Employer Portal Collection Form

LMIA-Exempt Offer of Employment for International Employees and Visitors

The Immigration, Refugee and Citizenship Canada (IRCC) Employer Portal Collection form is required if you are hiring or inviting a foreign national who requires an employer-specific work permit through the IRCC International Mobility Program (IMP). This form is also required for International employees who require an extension to their employer-specific work permit under IMP. Questions regarding this form can be directed to the Office of Faculty Relations at immigration@mun.ca or 864-6182.

Instructions: Please provide the following documents to the Office of Faculty Relations by email to immigration@mun.ca:

- Copy of Completed IRCC Employer Portal Collection Form
- Letter of appointment/letter of invitation
- Relevant supporting documentation, if applicable

The Office of Faculty Relations is unable to complete submissions to the employer portal or pay the required employer compliance fee until a completed form and supporting documentation is received.

Section 1: Foreign Worker Information

Please attached a copy of the identification page of a valid passport or fill out the information below.
Information below must be exactly the same as shown on valid passport.

Family name:	Given name(s):
Gender:	Date of Birth:
Citizenship(s):	
Country of birth:	Country of residence:
Passport #:	Passport expiry date:
Contact email:	

Section 2: Appointment Information

Please check the appropriate appointment type below:

- | | |
|---|--|
| <input type="checkbox"/> Academic Staff Member (ASM)
<input type="checkbox"/> Non-Academic Staff
<input type="checkbox"/> Postdoctoral Fellow (union)
<input type="checkbox"/> Honorary Postdoctoral Fellow (unpaid) | <input type="checkbox"/> Visiting Appointment (i.e., visiting professor, visiting scholar, visiting researcher, visiting scientist, etc.)
<input type="checkbox"/> Other: _____ |
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Expected start date:	Expected end date:
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Describe activities to be carried out while at Memorial

Minimum education requirements

Experience/skills requirements

For **visiting appointments**, please answer the following questions:

Purpose of visit

- Does the visitor have a position in their home institution which they will return to on completion of their visiting appointment at Memorial? Yes No

- If yes, please provide the name of the institution and status/job title at the institution:

- Is the visitor a direct recipient of an academic research award? Yes No

- If yes, please indicate name of award:

Is the visitor being funded by an institution, government, program or scholarship in their home country during their visit? Yes No

o If yes, please indicate funding source(s):

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Section 3: Address of the physical job location

Unit:		
Building:	Street #:	Street:
City:	Postal code:	

Will the person work at more than one job location? Yes No

If yes, please provide physical address of second job location below

Unit:		
Building:	Street #:	Street:
City:	Postal code:	

Section 3: Wage and Benefits

Hours of work per week:	Annual wage, if applicable:
Annual vacation days, if applicable:	

Identify benefits to be provided (i.e. dental, health) and benefits source (i.e., covered by collective agreement), if applicable:

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If the appointment is non-stipendiary, indicate any funding being provided by hosting unit or Memorial University. This includes living allowance, reimbursement of travel.

Section 4: FOAPAL

Units are required to pay a \$230 processing fee for foreign workers requiring an employer-specific work permit through the International Mobility Program. Please provide a Memorial FOAPAL number which will be charged the \$230 employer compliance fee. *IRCC provides refunds to employers in cases where a person is denied a work permit or does not arrive. Please notify the Office of Faculty Relations of such changes to request a refund to the \$230 employer compliance fee your behalf.*

Unit:	Unit Contact:
Email:	FOAPAL:

Section 5: Declaration

I understand that the information provided on this form will be used as part of Memorial's submission to Immigration, Refugees and Citizenship Canada for the above mentioned individual. I also understand that false or misleading information provided to Immigration, Refugees and Citizenship Canada, could be an offense and/or constitute non-compliance under the Immigration and Refugee Protection Act (IRPA).

Important: All information on wages, alternative compensation and benefits declared in this submission is subject to IRCC compliance audits. If there are any changes before or during the appointment in regards to: duration of stay, financial support, location, type of activities to be carried out, contact the Office of Faculty Relations.

Host Signature:

Date: