



POSITION DISCLOSURE FORM

Note: The Exchange Visitor will be given a copy of this form within their welcome packet.
The Department of State requires that the following information be provided to visitors prior to arrival.

JOB DESCRIPTION

Position Title:			
Description of Duties:			
Dates of Program (mm/dd/yyyy) From: _____ To: _____	Hours Per Week / %FTE _____	Will EV be Paid by UofU? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how much? \$ _____ per _____
Other Relevant Information for Candidate:			
Additional Benefits/Compensation: <input type="checkbox"/> Department Paid Hx <input type="checkbox"/> Exchange Visitor Needs to Purchase <input type="checkbox"/> Other (Please describe)			

EMPLOYEE INFORMATION

Exchange Visitor Name (Last, First, MI)		
Level of Degree	Field of Study	Email Address

PRIMARY SITE OF ACTIVITY

Department or Division Name	Primary Site of Activity Address
Lab or site name (if applicable)	Website (if applicable)
Phone Number	FAX Number

SUPERVISOR CONTACT INFORMATION

Supervisor's Name (Last, First, MI)		Email Address
Phone Number	FAX Number	Supervisor's Title
Supervisor's Signature		Date (mm/dd/yyyy)