Use this form to:

- Share Work Permit with Additional Employer(s)

- Change Job Title

- Add Job Title
- Change Commencement Date



## AMENDMENT / VARIATION - APPLICATION

When completed, this application form should be sent to: The Secretary of the Work Permit Board, or The Secretary of the Business Staffing Plan Board, PO Box 1098 Grand Cayman, Cayman Islands, KY1-1102,

or The Secretary of the Cayman Brac & Little Cayman Immigration Board Department of Immigration,

PO Box 240 Cayman Brac, Cayman Islands, KY2-2101 as appropriate.

PLEASE DO NOT LEAVE ANY QUESTION BLANK. IF A QUESTION DOES NOT APPLY TO YOU, INSERT "NOT APPLICABLE" OR "N/A" IN THE SPACE PROVIDED.

**NOTES:** This form should be used where the employer is seeking to share the work permit with an additional employer or the Job title is to be changed or the work permit commencement date is to be changed. Use separate sheet of paper if necessary. Retain a copy of all applications and amendments

| Employee Information                                 |                                   |                                 | APPLICATION FORM CONTAINS 5 PAGES |
|--|-----------------------------------|---------------------------------|-----------------------------------|
| 1. Surname (Last Name)                               | Maiden Name                       | Given Names (First Names)       |                                   |
| 2. Nationality                                       |                                   | Date of Birth DD/MM/YY          |                                   |
| 3. Passport number 4                                 | . Any other Names known by        |                                 | <u> </u>                          |
| 4. Worker Reference Number, if known                 |                                   |                                 |                                   |
| Current Employer Information                         |                                   |                                 |                                   |
| 5. Current Employer's Name (if employer is a person) |                                   |                                 |                                   |
| 6. Current Company Name (if employer is a company)   |                                   |                                 |                                   |
| For the work permit to be shared with anot           | ther employer                     |                                 |                                   |
| Name of additional employer(s)?                      |                                   |                                 |                                   |
| Primary additional employer                          |                                   | Secondary additional employer   |                                   |
| What is the job title for the work that the e        | mployee will perform for each add | itional employer(s)?            |                                   |
| Job Title at Primary employer                        |                                   |                                 |                                   |
| Job Title at Secondary employer                      |                                   |                                 |                                   |
| How many hours per week will employee work           | for current employer?             | low much will employee be paid? |                                   |
| How many hours per week will employee w              | ork for each additional employer? |                                 |                                   |
| Primary additional employer                          | Secondary additional              | employer                        |                                   |
| How much will employee be paid?                      |                                   |                                 |                                   |
| Primary additional employer                          |                                   | Secondary additional employer   |                                   |
| Per Hour 🗌 Week 📃 Se                                 | emi-Monthly Monthly               | Per Hour 🗌 Week 🗌 Semi-Mor      | nthly Monthly                     |
| <b>Change of job title -</b> What is the employee's  | new job title?                    |                                 |                                   |
| What is justification for change of job title        |                                   |                                 |                                   |
|  |                                   |                                 |                                   |

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### AMENDMENT APPLICATION FORM

PLEASE DO NOT LEAVE ANY QUESTION BLANK. IF A QUESTION DOES NOT APPLY TO YOU, INSERT "NOT APPLICABLE" OR "N/A" IN THE SPACE PROVIDED. Use separate sheet of paper if necessary.

| Add additional job title - What is the job title to be added?   |                |
|---|----------------|
| What is justification for addition of job title   |                |
| Has this job been advertised? 🔄 Yes 📄 No if not, why not?   |                |
| If this job was advertised, did any Caymanians, persons married to Caymanians or Permanent 🔲 Yes 🔲 No 🛛 If Yes,how ma<br>residents apply?   | any?           |
| If Yes, why were none hired?  |                |
| Has this job been referred to the National Workforce Yes No If No, why not?<br>Development Agency (NWDA)?<br>If the job was advertised or referred to the NWDA, did any persons with Caymanian status or persons legally resident in the Cayman | Islands apply? |
| Yes No If Yes, how many applied and why were none hired? Number Applied Why none hired? Why none hired?   |                |
| Change of commencement date - What is current effective date? What is desired effective date?   | DD/MM/YY       |
| What is justification for change of commencement date   |                |
|   |                |
|   |                |
|   |                |

#### DECLARATION

Individually, I declare the information contained in this application to be correct to the best of my knowledge and belief and I am aware that it is a criminal offence to make a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

In accordance with The Immigration Law, I hereby agree to submit to being Fingerprinted/Palm-printed for the purpose of identity verification and criminal checks domestically and internationally.

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|-------------------------------------|--|------------------------|------|----------|------|
|                                     | Original Signature Required<br>Agency Signature Not Acceptable |                        |      |          |      |
| 2nd Additional Employer's signature |  |                        | Date | DD/MM/YY |      |
|                                     | Original Signature Require<br>Agency Signature Not Accept      |                        |      |          |      |
| 1st Additional Employer's signature |  |                        | Date | DD/MM/YY |      |
|                                     | Original Signature Require<br>Agency Signature Not Accep       |                        |      |          | _    |
| Present Employer's signature        |  |                        | Date |          |      |
|                                     | Original Signature Require                                     | 90                     |      |          |      |
| Employee's signature                |  |                        | Date | DD/MM/YY |      |



### Amendment/Variation Form Checklist - To Share A Work Permit With An Additional Employer

This list is a summary of general requirements for ALL applicants. The Boards reserve the right to request additional information or documentation as deemed necessary. See Amendment Form Guidance for additional information.

- Application form duly completed, signed and dated by employee and employer on each page original signature required.
  Please do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided.
- □ Administrative fee of CI \$100 (non-refundable).
- If the amendment is to a Temporary Work Permit, the non-refundable administrative fee is CI \$70.
- If the sharing of the work permit creates a condition where an additional job title is appropriate, it is possible that an additional work permit fee will be applicable. If this condition exists, the additional fee will be payable at the time of application approval. The potential additional fee is not payable at time of application submission.
- □ Ensure that the Business Staffing Plan number for the employee is the next available number in the plan. E.g., if position #2 is taken and # 3 and #4 are available then #3 must be used before #4 can be used, unless the applicant is replacing an employee in position #2.
- □ Please ensure compliance with conditions set within the Business Staffing Plan, e.g., advertising conditions.
- □ If the employer has a Business Staffing Plan, please ensure that the position is included in the plan, if not, the new title must be requested to be added within the cover letter and an additional non-refundable fee of CI \$100 must be included.
- Cover letter from present employer detailing hours required per week, salary and other benefits
- □ Letter from new employer detailing job title, hours required per week, salary and other benefits
- □ If the new position is a skilled position an employment advert must be submitted: A full page copy of two newspaper advertisements run consecutively for 2 weeks, with visible dates including salary range and all other benefits
- □ Résumé of all Caymanian applicants **including** Department of Employment Relations referrals explaining why they were not hired for the position.
- □ Copy of Trade and Business License
- □ Where Trade and Business License has expired a copy of the receipt of payment for renewal must be attached

#### ADDITIONAL INDUSTRY REQUIREMENTS:

- □ If construction industry, provide copies of Immigration Form A and copies of signed contracts, redacted where appropriate
- □ If a **plumbing position** provide a notarized copy of license from Water Authority
- □ If gardening industry provide copies of current signed contracts, redacted where appropriate **OR** list of clients including addresses and telephone numbers (Immigration Form A)
- □ If a **diver**, provide a notarized copy of PADI/NAVI
- □ If a professional/managerial position provide notarized copies of qualifications
- □ If a **nurse/health practitioner** provide notarized copies of qualifications and approval from Health Practitioner's Board.
- □ If a **veterinary practitioner** provide notarized copies of qualifications and proof of registration with the Veterinary Board.
- □ If regulated by CIMA provide approval for senior finance/banking professionals (e.g. Managing Director, CEO)
- □ If a skilled/supervisory position list details of skills and provide notarized copies of qualifications
- □ If **janitorial industry** provide copies of current signed contracts, redacted where appropriate **OR** list of clients including addresses and telephone numbers (Immigration Form A)
- □ If electrical industry provide a notarized copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen
- □ If a **farmer** provide a notarized copy of certification from the Dept. of Agriculture
- □ If a **driver** provide a notarized copy of license from Public Transport Board for the appropriate category of vehicle
- □ If a Security Officer provide a copy of preliminary license from the Royal Cayman Islands Police (RCIP)
- □ If submitting an application for a **domestic/nanny/caretaker**, include birth certificates of children to be cared for
- □ If a **DJ/Entertainer** provide approval from the Music Association
- □ If an **Employment Agency** proof of past and future employment for the applicant must be submitted
- □ If submitting an application for a caretaker for the elderly or infirm, provide a Physicians letter confirming the illness

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www.gov.ky/immigration



## Amendment/Variation Form Checklist - To Change or Add A Job Title

This list is a summary of general requirements for ALL applicants. The Boards reserve the right to request additional information or documentation as deemed necessary. See Amendment Form Guidance for additional information.

□ Application form duly completed, signed and dated by employee and employer on each page - original signature required.

# Please do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided.

- □ Cover letter attached from employer, detailing the new job title and explaining why the job title is being amended
- □ Administrative fee of CI \$100 (non-refundable).
- If the amendment is to a Temporary Work Permit, the non-refundable administrative fee is CI \$70.
- □ If the change or addition of the job title creates a condition where an additional work permit fee will be applicable, then the additional fee will be payable at the time of application approval. The potential additional fee is not payable at time of application submission.
- □ If the new title is a skilled position an employment advert must be submitted: A full page copy of two newspaper advertisements; run consecutively for 2 weeks, with visible dates including salary range and all other benefits
- □ Résumé of all Caymanian applicants including National Workforce Development Agency referrals explaining why they were not hired for the position.

### **BUSINESS STAFFING PLAN REQUIREMENTS:**

- □ If the company has a Business Staffing Plan (BSP), please ensure compliance with conditions set within the BSP, e.g., advertising requirements.
- □ Ensure that the BSP number for the employee is the next available number in the Plan. E.g., if position # 2 is taken and # 3 and #4 are available then #3 must be used before #4 can be used, unless the applicant is replacing an employee in position #2.
- □ Ensure that the position is included in the BSP. if not, the new title must be requested to be added within the cover letter and an additional BSP Administrative fee of CI \$100 (non-refundable) must be included.

### ADDITIONAL INDUSTRY REQUIREMENTS:

- □ If a **professional/managerial** position provide notarized copies of qualifications
- □ If a **nurse/health practitioner** provide notarized copies of qualifications and approval from Health Practitioner's Board.
- □ If a **veterinary practitioner** provide notarized copies of qualifications and proof of registration with the Veterinary Board.
- □ If regulated by CIMA provide approval for senior finance/banking professionals (e.g. Managing Director, CEO)
- □ If a skilled/supervisory position list details of skills and provide notarized copies of qualifications
- □ If a **plumbing position** provide a notarized copy of license from Water Authority
- □ If electrical industry provide a notarized copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen
- □ If a **farmer** provide a notarized copy of certification from the Dept. of Agriculture
- □ If a **driver** provide a notarized a copy of license from the Public Transport Board for the appropriate category of vehicle
- □ If a **Security Officer** provide a copy of preliminary license from the Royal Cayman Islands Police (RCIP)
- □ If submitting an application for a **domestic/nanny/caretaker**, include birth certificates of children to be cared for
- □ If submitting an application for a **caretaker for the elderly or infirm**, provide a Physicians letter confirming the illness
- □ If an **Employment Agency** proof of past and future employment for the applicant must be submitted
- □ If a **DJ/Entertainer** provide approval from the Music Association



## Amendment/Variation Form Checklist - To Change The Commencement Date

This list is a summary of general requirements for ALL applicants. The Boards reserve the right to request additional information or documentation as deemed necessary. See Amendment Form Guidance for additional information.

# PLEASE NOTE THIS APPLICATION IS RESERVED FOR EMPLOYEES WHO ARE ARRIVING ON ISLAND AND WHOSE ARRIVAL HAS BEEN DELAYED.

This form should be used where the employer is seeking to alter the date upon which an approved work permit takes effect. This can be done in cases where the employee will not be arriving in the Islands until some date in the future or where their arrival has been delayed or postponed.

- □ Administrative non-refundable fee of CI \$100 (non-refundable).
- If the amendment is to a Temporary Work Permit, the non-refundable administrative fee is CI \$70.
- □ Cover letter attached from employer, detailing circumstances and specifying the new start date
- □ Application form duly completed, signed and dated by employee and employer on each page original signatures required.

Do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided.