

## NOTICE OF PART-TIME HIRING

EMPLOYER NAME: \_\_\_\_\_ EMPLOYER NO. \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ OFFICE/CELL PHONE \_\_\_\_\_

FAX NO. \_\_\_\_\_

I am the employer named above or an authorized officer or manager of the employer named above, and I declare that the employer named above intends to hire a foreign national worker for part-time casual work not to exceed 32 hours per month and (until the CNMI medical insurance pool becomes operational) agrees to accept responsibility for medical expenses directly related to the part-time work, to file tax forms as necessary, and to pay workers compensation fund charges if applicable. Part-time hiring is terminable at will by either party.

I currently employ \_\_\_\_\_ foreign national workers under one-year or two-year contract.

I currently employ \_\_\_\_\_ part-time workers.

The foreign national worker that the employer named above intends to hire is:

NAME: \_\_\_\_\_

LIIDS NUMBER: \_\_\_\_\_ PERMIT EXPIRATION DATE \_\_\_\_\_

EMPLOYER OF RECORD \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CNMI HOME ADDRESS \_\_\_\_\_

The job for which the employer named above intends to hire the foreign national worker is:

O-NET CLASSIFICATION \_\_\_\_\_

(Name of job)

WAGE RATE \_\_\_\_\_ HOURS PER MONTH \_\_\_\_\_

A job vacancy announcement for this job is currently on the free Employment Services website or has been advertised.

The employer named above has not signed an approved one-year employment contract with the employee named above, and the employee named above is not being hired to do any type of work done by regular employees of the employer's business or to circumvent the hiring of workers on a standard one-year contract.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer

Approved and effective unless written objection issued by the Director of Labor within five business days.