



WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

WORK PERMIT AMENDMENT - APPLICATION TO EMPLOYMENT CIRCUMSTANCE

Completed application for a work permit should be addressed to: The Director of WORC, P.O. Box 1098, Grand Cayman KY1-102, CAYMAN ISLANDS

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: (i) Use separate sheet of paper if necessary. (ii) All correspondence regarding this application will be sent to the email address provided in the "Current Employer Information" section. If an Agent is acting on behalf of the employer, please provide the Agent's email address in this section.

DO NOT USE LIQUID PAPER OR CORRECTION TAPE, IF AN ERROR IS MADE CROSS OUT AND INITIAL THE CHANGE(S) OR USE A FRESH PAGE

Please select one option only (if more than one amendment is required, you must submit a separate application and fee for each type):

- ☐ I wish to add an additional employer (A) ☐ I wish to change the job title (B) ☐ I wish to add an additional job title (C)
☐ I wish to change a commencement date (D) ☐ I wish to add or remove a cause number (E)

EMPLOYEE INFORMATION

1. Surname (Last Name) _____ Maiden Name _____ Given Names (First Names) _____
2. Nationality _____ Date of Birth _____ Gender ☐ Male ☐ Female
3. Passport No. _____ 4. Any other Names known by _____
5. Work Reference Number (if known) _____

CURRENT EMPLOYER INFORMATION

6. Current Occupation _____
7. Current Employer's Name (if employer is a person) _____
8. Current Company's Name (if employer is a company) _____
9. Employer's Email Address _____
10. How many hours per week will employee work for primary employer? _____ How much will employee be paid? _____

A. FOR THE WORK PERMIT TO BE SHARED WITH ANOTHER EMPLOYER

Additional employer(s)?

1st additional employer _____ 2nd additional employer _____

What is the job title for the work that the employee will perform for each additional employer(s)?

Job Title at 1st additional employer _____

Job Title at 2nd additional employer _____

How many hours per week will employee work for each additional employer?

1st additional employer _____ 2nd additional employer _____

How much will employee be paid?

1st additional employer _____ 2nd additional employer _____

Per ☐ Hour ☐ Week ☐ Semi-Monthly ☐ Month

Per ☐ Hour ☐ Week ☐ Semi-Monthly ☐ Month

WORK PERMIT AMENDMENT APPLICATION TO EMPLOYMENT CIRCUMSTANCE

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B. CHANGE OF JOB TITLE

What is the employee's new job title? _____

What is justification for change of job title _____

Has this job been registered on the WORC Portal? ☐ Yes ☐ No If yes, please provide the Job ID: _____

Has the job been advertised locally or overseas in a written or on-line newspaper or other media? ☐ Yes ☐ No

If yes please provide copies of the advertisements _____

If this job was advertised locally or overseas, did a Caymanian, or Permanent resident apply? ☐ Yes ☐ No If Yes, how many? _____

If Yes, why were none hired? _____

C. ADD ADDITIONAL JOB TITLE

What is the job title to be added? _____

What is justification for addition of job title _____

Has this job been registered on the WORC Portal? ☐ Yes ☐ No If yes, please provide the Job ID: _____

Has the job been advertised locally or overseas in a written or on-line newspaper or other media? ☐ Yes ☐ No

If yes please provide copies of the advertisements _____

If this job was advertised locally or overseas, did a Caymanian, or Permanent resident apply? ☐ Yes ☐ No If Yes, how many? _____

If Yes, why were none hired? _____

D. CHANGE OF COMMENCEMENT DATE

What is current effective date? _____ What is desired effective date? _____

What is justification for change of commencement date: _____

E. ADD OR REMOVE A CAUSE NUMBER

Cause 1 _____ Cause 2 _____ Cause 3 _____

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 Section 56(4)(b) of The Caymanian Protection Act (2022 Revision), I hereby agree to submit to being Fingerprinted/Palm-printed for the purpose of identity verification and criminal checks domestically and internationally

Employee's Signature

Date (DD/MM/YYYY)

Primary Employer's Signature

Date (DD/MM/YYYY)

1st Additional Employer's Signature

Date (DD/MM/YYYY)

2nd Additional Employer's Signature

Date (DD/MM/YYYY)

AMENDMENT FORM CHECKLIST TO SHARE A WORK PERMIT WITH AN ADDITIONAL EMPLOYER

THIS LIST IS A SUMMARY OF GENERAL REQUIREMENTS FOR ALL APPLICANTS. WORC RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION OR DOCUMENTATION AS DEEMED NECESSARY.

- ☐ Application form duly completed, signed and dated by employee and employer on each page.
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.
- ☐ Non-Refundable Administrative fee of:
CI \$150 (where the annual work permit fee is \$2,100 or less);
CI \$250 (where the annual work permit fee is \$2,100-\$10,400); or
CI \$500 (where the annual work permit fee is more than \$10,400)
CI \$250 (if the amendment is to a Temporary Work Permit)
- ☐ 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.
- ☐ 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 \$200 must be included.
- ☐ Cover letter from present employer detailing hours required per week, salary and other benefits.
- ☐ Letter from additional employer detailing job title, hours required per week, salary and other benefits including effective date.
- ☐ If the new title is for a company/business employer, the post should be registered on the WORC Services Portal.

ADDITIONAL INDUSTRY REQUIREMENTS:

- ☐ If **construction industry**, provide copies of WORC's Form A and copies of signed contracts, redacted where appropriate.
- ☐ If a **plumbing position** provide a copy of license.
- ☐ If **gardening industry** provide copies of current signed contracts, redacted where appropriate OR list of clients including addresses and telephone numbers (WORC's Form A).
- ☐ If a **diver**, provide a copy of PADI/NAVI.
- ☐ If a **professional/managerial** position provide copies of qualifications.
- ☐ If a **nurse/health practitioner** provide copies of qualifications and approval from Health Practitioner's Board.
- ☐ If a **veterinary practitioner** provide 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 (WORC's Form A).
- ☐ If **electrical industry** provide a copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen.
- ☐ If a **farmer** provide a copy of certification from the Dept. of Agriculture.
- ☐ If a **Public Transport Driver** provide a copy of approval/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/caregiver**, 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 **caregiver for the elderly or infirm**, provide a Physicians letter confirming the illness.

AMENDMENT FORM CHECKLIST TO CHANGE OR ADD A JOB TITLE

THIS LIST IS A SUMMARY OF GENERAL REQUIREMENTS FOR ALL APPLICANTS. WORC RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION OR DOCUMENTATION AS DEEMED NECESSARY.

- ☐ Application form duly completed, signed and dated by employee and employer on each page.
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.
- ☐ Non-Refundable Administrative fee of:
 - CI \$150 (where the annual work permit fee is \$2,100 or less);
 - CI \$250 (where the annual work permit fee is \$2,100-\$10,400); or
 - CI \$500 (where the annual work permit fee is more than \$10,400)
 - CI \$250 (if the amendment is to a Temporary Work Permit)
- ☐ 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 for a company/business employer, the post should be registered on the WORC Services Portal.

BUSINESS STAFFING PLAN REQUIREMENTS:

- ☐ 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 \$200 (non-refundable) must be included.

ADDITIONAL INDUSTRY REQUIREMENTS:

- ☐ If a **professional/managerial** position provide copies of qualifications.
- ☐ If a **nurse/health practitioner** provide copies of qualifications and approval from Health Practitioner's Board.
- ☐ If a **veterinary practitioner** provide 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 copy of license.
- ☐ If **electrical industry** provide a copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen.
- ☐ If a **farmer** provide a copy of certification from the Dept. of Agriculture.
- ☐ If a **Public Transport Driver** provide a copy of approval/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/caregiver**, include birth certificates of children to be cared for.
- ☐ If submitting an application for a **caregiver 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 FORM CHECKLIST TO CHANGE THE COMMENCEMENT DATE

THIS LIST IS A SUMMARY OF GENERAL REQUIREMENTS FOR ALL APPLICANTS. WORC RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION OR DOCUMENTATION AS DEEMED NECESSARY.

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.

- ☐ Application form duly completed, signed and dated by employee and employer on each page.
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.
- ☐ Non-Refundable Administrative fee of:
 - CI \$150 (where the annual work permit fee is \$2,100 or less);
 - CI \$250 (where the annual work permit fee is \$2,100-\$10,400); or
 - CI \$500 (where the annual work permit fee is more than \$10,400)
 - CI \$250 (if the amendment is to a Temporary Work Permit)