



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. (for Grand Cayman Applications)

OR

The Secretary to the Work Permit Board, P.O. Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS. (for Grand Cayman Applications)

OR

The Secretary to the Business Staffing Plan Board, P.O. Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS. (for Grand Cayman Applications)

OR

The Secretary to the Cayman Brac and Little Cayman Immigration Board, Government Administration Building,

P.O. Box 240, Cayman Brac KY2-2101, Cayman Islands. (for Cayman Brac and Little Cayman Applications)

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) If the employer / additional employer is a company; all communication will be sent to the contact information associated with the company's Trade & Business License as held by the Department of Commerce and Investment.

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

APPLICATION FORM CONTAINS 5 PAGES

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 a cause number (E)

Employee Information

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	
5. Worker Reference Number, if known		

Current Employer Information

6. Current Occupation		
7. Current Employer's Name (if employer is a person)		
8. Current Company Name (if employer is a company)		
9. 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 Monthly Per Hour Week Semi-Monthly Monthly

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.

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 JobsCayman 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? If yes please provide copies of the advertisements Yes No

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 JobsCayman 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? If yes please provide copies of the advertisements Yes No

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? DD/MM/YY What is desired effective date? DD/MM/YY

What is justification for change of commencement date _____

E Add a Cause Number - _____

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 Immigration (Transition) Law 2018, 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/YY

Primary Employer's signature _____ Date DD/MM/YY

1st Additional Employer's signature _____ Date DD/MM/YY

2nd Additional Employer's signature _____ Date DD/MM/YY

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

This list is a summary of general requirements for ALL applicants. The Department reserve 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.
- Administrative fee of CI \$100 For Annual Permits (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.
- 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 additional employer detailing job title, hours required per week, salary and other benefits including effective date.
- If the new title is a skilled position the post should be registered on JobsCayman

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. The Department reserve 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
- 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 the post should be registered on JobsCayman

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 \$100 (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 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 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/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. The Department reserve 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.

- 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.
- Application form duly completed, signed and dated by employee and employer on each page.
Do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided.