TABLE OF CHANGES – FORM FORM I-360 – RELIGIOUS WORKER 10-20-2008

| LOCATION | CURRENT VERSION | NEW VERSION |
|-------------------|--|--|
| D () 11 | | |
| Page 4 - Add | Part 8. Information about the | Part 8. Complete Only if Filing a |
| | spouse and children of the person this petition is for | Special Immigrant Religious Worker Petition |
| | this petition is for | Worker retition |
| | | [See below table] |
| Page 4 - Renumber | Part 9. Signature | Part 9. Information About the |
| | | Spouse and Children of the Person |
| | ••• | This Petition is for |
| | | |
| | | |
| Page 5 - Renumber | Part 10. Signature of person | Part 10. Signature |
| | preparing form, if other than | |
| | above | |
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| Dago E Danumbar | ••• | Dayt 11 Signature of payeen |
| Page 5 - Renumber | | Part 11. Signature of person preparing form, if other than |
| | | above |
| | | |
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Part 8. Complete Only if Filing a Special Immigrant Religious Worker Petition

Employer Attestation

- 1. Provide the following information about the prospective employer.
- a. Number of members
 - **b.** Number of employees working at the same location where the beneficiary will be employed
 - **c.** Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past five years
 - **d.** Number of Special Immigrant Religious Worker I-360 and Nonimmigrant Religious Worker I-129 Petitions Submitted by the prospective employer within the past five years

| 2. | Has the alien or any of the alien's dependent family members previously been admitted to the United States for a period of stay in the R classification for the last five years? | | | | | | | |
|---|---|--------------------------|-----------------------------|-------------------|-----|--|--|--|
| | Yes No | | | | | | | |
| | If yes, complete the blanks below. List the alien and any dependent family member's prior periods of stay in the R classification in the United States for the last five years. Be sure to list only those periods in which the alien and/or family members were actually in the United States in the R classification. | | | | | | | |
| | NOTE: Submit photocopies of Forms I-94 (Arrival-Departure Record), I-797 (Notice of Action), and/or other USCI documents identifying these periods of stay in the R classification. If more space is needed, provide the information on additional sheets of paper. | | | | | | | |
| | Alien or Dependent Famil | y Member's Name | Period of Stay (mm/dd/yyyy) | | | | | |
| | | | From: | | To: | | | |
| | | | | | | | | |
| | | | | | | | | |
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| 3. Provide a summary of the type of responsibilities of those employees who work at the same location where the beneficiary will be employed. If additional space is needed, provide the information on additional sheets of paper. | | | | | | | | |
| | Position | Summary of the Type of F | Responsibilities | for That Position | | | | |
| | | | | | | | | |
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| 4. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the alien is a member. | | | | | | | | |
| | | | | | | | | |

| 5. | Provide the following information about the prospective employment: |
|----|--|
| | Title of position offered. |
| | |
| | |
| | Detailed description of the alien's proposed daily duties. |
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| | |
| | |
| | Description of the alien's qualifications for the position offered. |
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| | |
| | Description of the proposed salaried and/or non-salaried compensation. |
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| | |
| | List of the specific address(es) or location(s) where the alien will be working. |
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| | |
| Do | es the prospective employer attest to the requirements described in statements 6 through 12 below? |
| Du | |
| | Yes No If "no," attach explanation(s). |
| | |

- 6. The prospective employer is a bona fide non-profit organization or a bona fide organization that is affiliated with the religious denomination and is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification below.
- 7. The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the alien and any dependents will not become a public charge.

- 8. The funds to pay the prospective employee's compensation do not include any monies obtained from the alien, excluding reasonable donations or tithing to the religious organization.
- 9. If the position is not a religious vocation, the prospective employee will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation.
- 10. The offered position is full time, requiring at least an average of 35 hours of work per week.
- 11. The alien has been a religious worker for at least two years immediately before Form I-360 was filed and is otherwise qualified for the position offered.
- 12. The alien has been a member of the prospective employer's denomination for at least two years immediately before Form I-360 was filed.

I certify under penalty of perjury under the laws of the United States of America that the contents of this attestation and the evidence submitted are true and correct.

| Signature | | Date (mm/dd/yyyy) | | | |
|---|--|-------------------------|--|--|--|
| | | | | | |
| Printed Name | Title | | | | |
| | | | | | |
| Employer/Organization Name | | | | | |
| | | | | | |
| Employer/Organization Street Address (do n | oot use a post office or private mail bo | ox) Suite Number | | | |
| | | | | | |
| City | State | Zip Code | | | |
| | | | | | |
| Daytime Phone Number (with area code) | Fax Number (if any) | E-mail Address (if any) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Religious Denomination Certification | | | | | |
| | | | | | |
| I certify under penalty of perjury under the laws of the United States of America that: | | | | | |
| | | | | | |
| | | | | | |
| Name of Employing Organization | | | | | |

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is affiliated with:

| Name of Religious Denomination | | | | | | |
|--|------------|-----------------------|--|--|--|--|
| and that the attesting organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge | | | | | | |
| Signature | | Date (mm/dd/yyyy) | | | | |
| | | | | | | |
| Printed Name | Title | | | | | |
| Attesting Organization Name | | | | | | |
| | | | | | | |
| Attesting Organization Street Address (do not use a post office or private mail box) Suite Number | | | | | | |
| City | State | Zip Code | | | | |
| | | | | | | |
| Daytime Phone Number (with area code) Fax Number (i | if any) E- | mail Address (if any) | | | | |