

SPECIAL IMMIGRANT VISA REQUEST OR U.S. REFUGEE ADMISSIONS PROGRAM P2 REFERRAL REQUEST

*Complete the following information and return with your supporting documents to
USACE-TAD-DRST@usace.army.mil.*

EMPLOYEE INFORMATION

1. Last Name First Name(s)
2. SIV Case Number (required)
3. Date of Birth
4. Email address

FAMILY INFORMATION Complete this section ONLY if you are a family member requesting assistance on behalf of an employee.

5. Your Last Name: First Name(s)

EMPLOYMENT INFORMATION

6. Which company or companies (contractor(s)) did you work for?
7. List all USACE contract numbers on which you worked.
8. Did you work for or on behalf of the U.S. Government for at least one year?
Yes No
9. Provide dates of employment for each employer. (start and finish dates)
10. What was your job title?
11. Where did you work?
12. Who was your USACE supervisor?
13. Has he/she agreed to write a letter of recommendation? Yes No
14. Additional information about your job. (optional)