

J-1 ON-CAMPUS EMPLOYMENT

Section A: Student Information		
DU ID:	LAST (FAMILY) NAME:	FIRST NAME:
<p>Instructions for J-1 students sponsored by DU who wish to work on-campus:</p> <ol style="list-style-type: none"> 1. Ask your on-campus employer to complete Section B. The employer signature must be an original signature. 2. Submit this form to International Student and Scholar Services (ISSS). If approved, an ISSS advisor will sign Section C. You should keep this signed form for your records as proof of on-campus employment authorization. <p>If approved by ISSS the employment authorization will be valid for the dates below (for one year or until the expiration of your DS-2019, whichever is earlier). You may work a maximum of 20 hours/week while classes are in session and more than 20 hours/week during vacation periods. You must obtain a new authorization prior to the expiration date below to continue working and re-apply if you change jobs.</p> <p><i>I hereby authorize the release of any information necessary and authorize any changes needed to complete my request.</i></p>		
STUDENT SIGNATURE:		DATE:

ISSS will send all communications about this request to your @du.edu email. Remember to check this account regularly.

SECTION B: To be completed by On-Campus Employer		
Name of On-Campus Employer:	Position:	Number of Hours per Week?
Campus Address:	Employment Start Date: ____/____/____	Employment End Date: ____/____/____
Supervisor Signature:	Printed Name:	Date:
Title:	Phone Number:	Email:

SECTION C: To be completed by ISSS Advisor	
<p><i>Per 22CFR 62.23(g), the Responsible Officer or Alternate Responsible Officer of Exchange Visitor Program P-1-00069 grants permission for this student to work on-campus in the position above for a maximum of 20 hours per week when classes are in session and more than 20 hours/week during vacation periods. The student must maintain valid J-1 student status at DU to maintain the validity of this authorization. The employment authorization is granted for the dates below.</i></p>	
Start Date of On-Campus Employment Authorization: ____/____/____	End Date of On-Campus Employment Authorization: ____/____/____
ISSS Advisor Signature:	Printed Name:
Date:	

FOR ISSS OFFICE USE ONLY		
Assigned To:	Processing Checklist:	Processing Notes
	<input type="checkbox"/> Enrollment checked by _____ <input type="checkbox"/> GA processed ____ / ____ / ____ <input type="checkbox"/> ISA processed ____ / ____ / ____	